

INTRODUCTION &c. PART II.

PART II.

Cleans'd from pollution's ev'ry stain
She join'd her self 'twixt the plain;
And saw at ~~the~~ the sunken shade,
But ne'er approach'd those dangers more.
The shepherd blessed the kind event,
And view'd his flock with sweet content.

To mark et next he shap'd his way,
And though provis'ons for the day
But made his water's rich supply,
A purchase from a Farmer's sty.
The children round their parent crowd,
And tarry'd them mirth aloud.

They saw the stranger with surprise,
And all admir'd his little eyes.
Familiar grown he share'd their joys,
Shared o'er the porridge with the boys.
The females of his dress preside,
They wash his face and scour his hide.

But daily more as one he grew,
For all these hours it's ever could do.

It corrod.

SECTION

c Bee and the Ant; or the advantages of application
and diligent industry in early years.

Once a blight day summer's mona
A Bee train'd herself a verdant lawn,
Suffic'd to bind'd c'my hour,
And make c'my day r-

PIECES IN POETRY

CHAPTER I.
SELECT SENTENCES AND PARAGRAPHS.

SECTION I.

Improvement of Time.

WINTER not tell o-morrow to be wise;
morrow's sun to thee may never rise.

Man of culture.

If good we plant you, vice will fill the place,
Our ranker seed the richest soils deface.

The noblest art

duge the true ambition to excel
In that best art — the art of living well.

Life a state of trial.

Conquer'd the light this transient life regard,
Is a state of trial, not reward.

Happiness inactive.

No genuine happiness we find not 'twixt;
No doubtless found with Virtue, and at home.

Virtue and vice progressive.

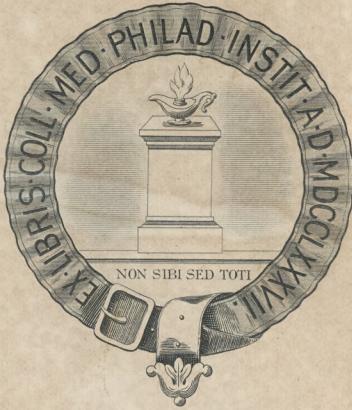
The human heart ne'er knows a state of rest,
But leads to worse, and better tends to best.

Humbley.

R. M.

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C



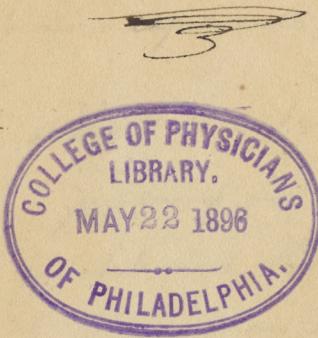
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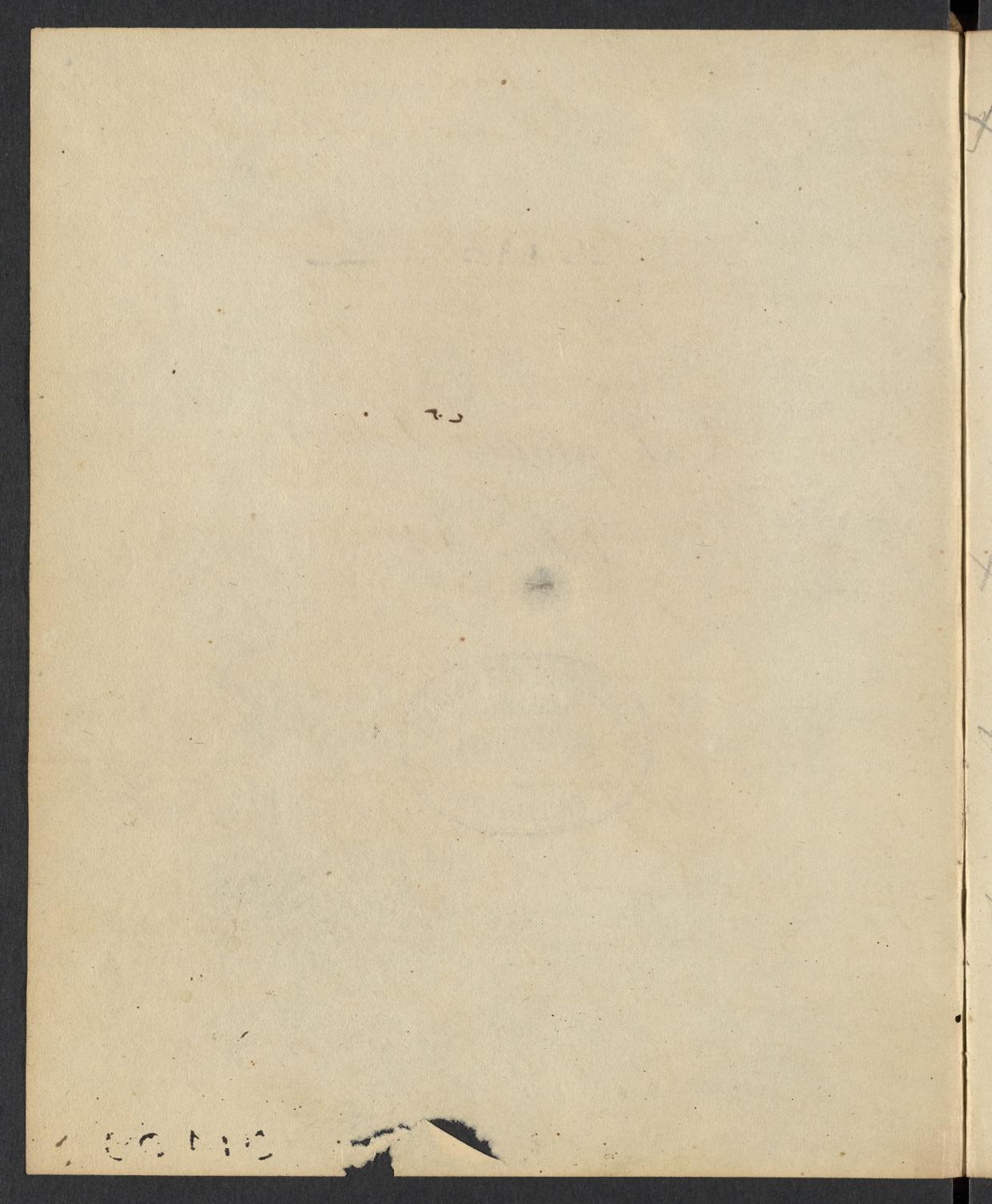
Presented by

Mr Hugh Lucy Hodge

26.4.16 —

Chapman's Lectures
Volume 6th.





22 page form

The Sugar of Lead is one of the articles recently added to the catalogue. By some practitioners, particularly of the United States, it has been highly extolled. It was a favourite remedy with the late Dr. Barton. During the last war, it was used in the intermittent fever which occurred among the troops on the Canadian frontier. I received an account from some physicians attached to the army, that it had exerted greater power than Peruvian Bark, or arsenic. But I believe there was some deception in the case. Determining from what I have seen, the article is not deserving of much esteem. My own experience, indeed, is decidedly against it.

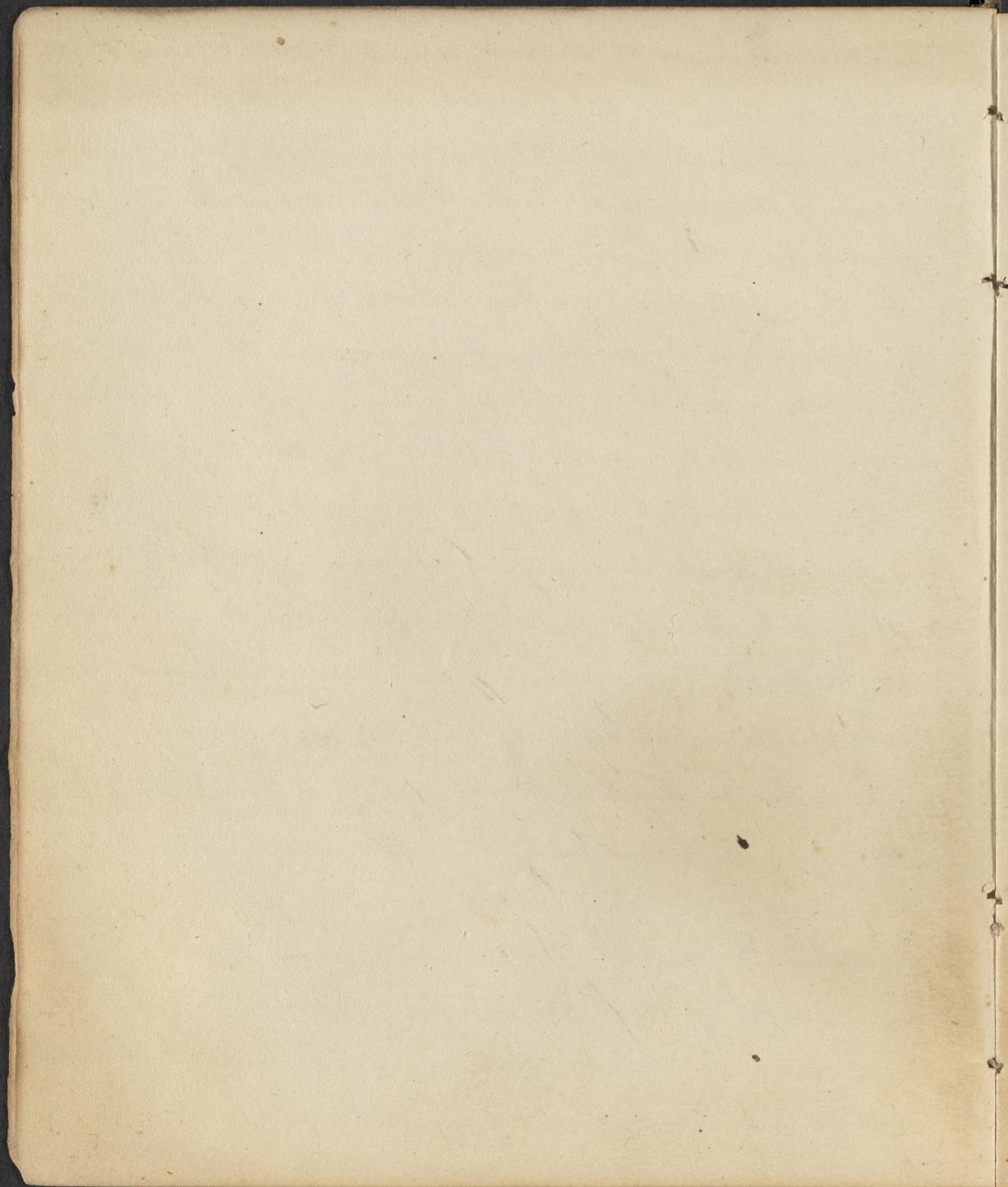
As nearly allied to the preparation of lead just mentioned, I shall now say a few words on Arsenic. In the estimation of the generality of practitioners, this remedy stands next in point of efficacy to the Peruvian Bark. That it has done good cannot be denied, in Intermittent Fever, cannot be denied. But when a physician expects from it uniform success, he will often be disappointed. Whether this ~~sometimes~~ proceeds from an inherent deficiency of power in the arsenic, or from the indiscriminate mode of prescribing it, I am not prepared

metter un

positively to determine. This much, however, I can inform you, that in all weak & debilitated states of the system, whether of a Typhous, or Cachectic nature, or arising from old age or debauchery, the arsenic will uniformly fail. This is precisely what might be expected. Bark, and many other remedies employed in intermissions, are tonics in their nature, and operate by imparting strength to the stomach, & through it to the system generally. But arsenic has no such properties, though commonly ranked with this class of medicines, by the writers on Materia Medica. Its principal operation is to create nausea, weakness of the stomach, & debility of the system - which is indicated by a weak feeble pulse, cold surface, loss of general strength, & muscular relaxation. But even when judiciously employed, it sometimes fails. Compared with bark, it is, in my opinion, decidedly inferior, and should never be employed where that article can be obtained. The cases of intermissions to which it is best suited are such as occur in children, & in persons possessing considerable vigour of constitution, associated with the febrile condition. It acts powerfully on the system of children,

* Last year.—

and on account of its being without taste, may be taken
when the other and in small bulk, may be taken when the
others would be rejected. It has been a subject of debate, whether
the use of the arsenic should be continued during the different
stages of the disease. My own experience has taught me that
there is no precise rule on this subject. The only objection
against its employment in the paroxysm is the nausea &
vomiting which it is apt to produce, especially in the early
stage, when there is great irritability of the stomach. Arse-
nic is exceedingly prompt in its operation. Therefore if
no decided ~~effect~~ advantage is experienced after 6 or 8 days,
it should be discontinued. Longer continued it only debili-
tates the system, and induces a long train of ~~distressing~~ unple-
asant symptoms, as distress of the stomach, pain in the head,
& edematous swellings of the extremities. (It has lately been
alleged by high authority that when arsenic does not
succeed by itself, it may be rendered very efficacious by com-
bination with Peruvian Bark. This is sound practice, & I
have imitated it with advantage. Arsenic is said to pre-
pare the body for bark, & when an intermittent does not
easily yield, it has been recommended to have recourse to.



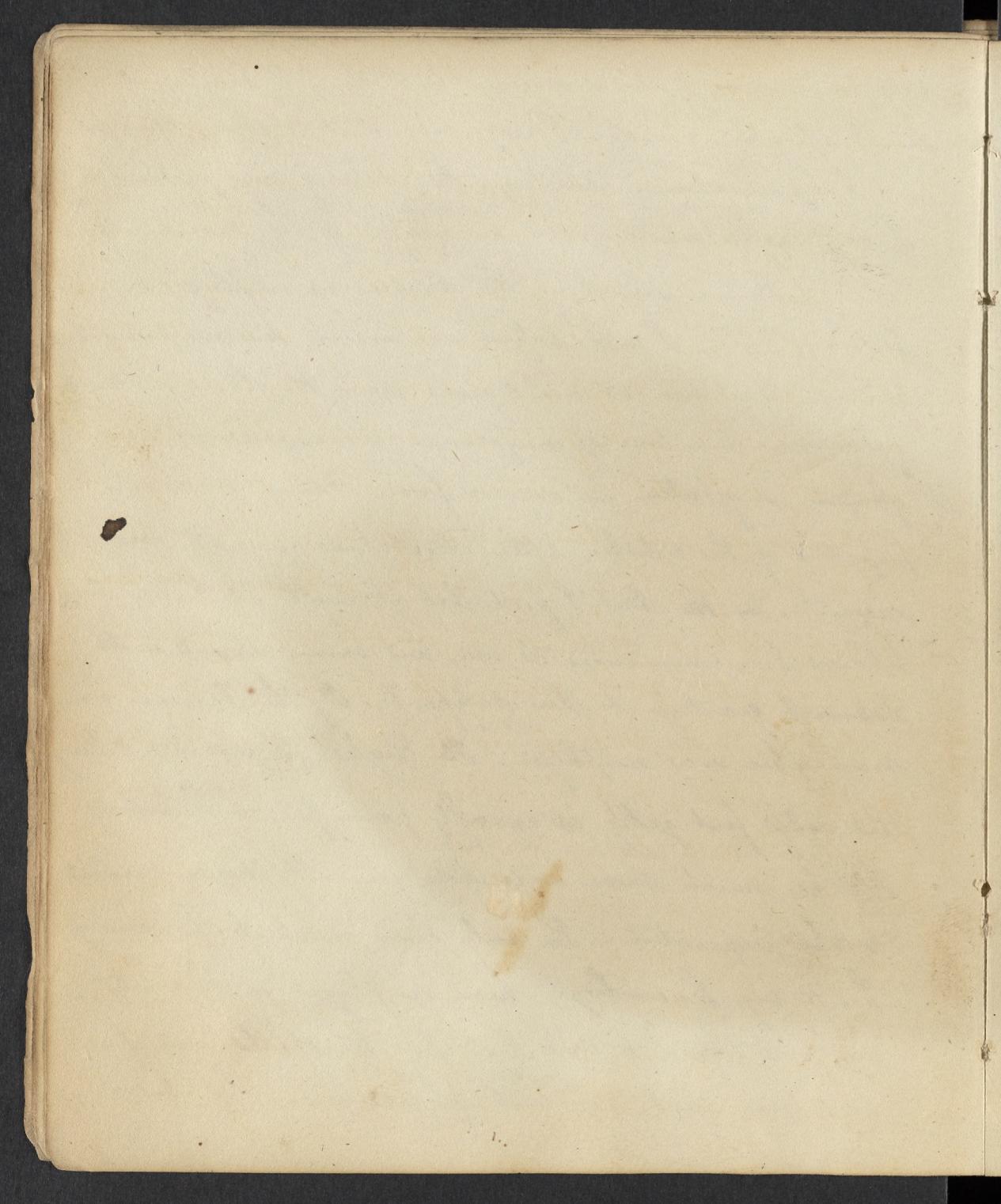
this medicine, and afterwards to recur to the bark. — I have not tried this plan, but there is nothing in it absurd in New

It is now more than a year since the web of the common Spider was commended to me as a remedy exceedingly efficacious. This fact I derived from Dr. Jackson, who was Inspector-general of the British army. On a visit to this city, he informed me that he had found the web to be one of the best narcoticks, extremely efficacious in quieting irritability, cordial to the whole system, and often productive of sleep. He further added that it was the best remedy known to him in the treatment of intermit-
tent fevers, in all its stages. It is not in my power to testify to the accuracy of this account, from a great number of experiments. But the few trials I have made satisfy me perfectly that his statement the statement of Dr. Jackson was correct. The article is undoubtedly sedative & narcotic; and I am not without reason to believe that it is useful in ague & fever. A gentle-
man of this class has written a valuable essay on the subject. From his own experience, & that of others

* It should be administered in the form of a pill
in the dose of 2 or 3 grains. —

who have made him communications, he believes it to be a valuable remedy. I recommend it to you. You need not be ~~particular~~^{careful} in selecting the web of any particular spider; as the whole species are possessed of the same properties.

Before dismissing the medicines employed in Intermittents, I will notice one which deserves our attention. It is now 15 or 20 years since the Practitioners of France, in a tone of confidence, recommended animal glaze, or gelatin, in ague & fever. From the known properties of this article, little credit was given to their accounts. ~~by the~~ But I find that at length the English practitioners have commenced its use, and some concur in the statement ~~granting~~ giving it their support. By the French common glue was employed. The English physicians, believing that calf's foot-gelly is equally powerful, & knowing it to be much more agreeable, generally have recourse to that preparation. The only case in which the remedy has, to my knowledge, been employed in this city, was mentioned to me by Dr. Griffeth, one of our oldest and most respectable physicians. He told me,



that in the case of his own daughter, who for many months had been affected with an intermittent, and in whom the other remedies had been used in vain, he succeeded at once in effecting a cure by the administration of this article.

[See] Notwithstanding the numerous remedies which have been mentioned for the cure of Intermittent fever, it will sometimes baffle our best directed efforts, and continue its course, in spite of all our exertions. Cases of this peculiarly obstinate character, depend most generally on

X congestion or some other disease of the viscera, or are inveterate & confirmed by long habit. ~~In cases of this kind,~~

X It is our duty, in such cases, to resort to mercury, gradually insinuated into the system, till salivation be induced, which must be kept up for 2 or 3 weeks without interruption. This is properly called a revolting remedy, by which such changes are effected in the system, as to suppress, or do away the preexisting disease. As a substitute

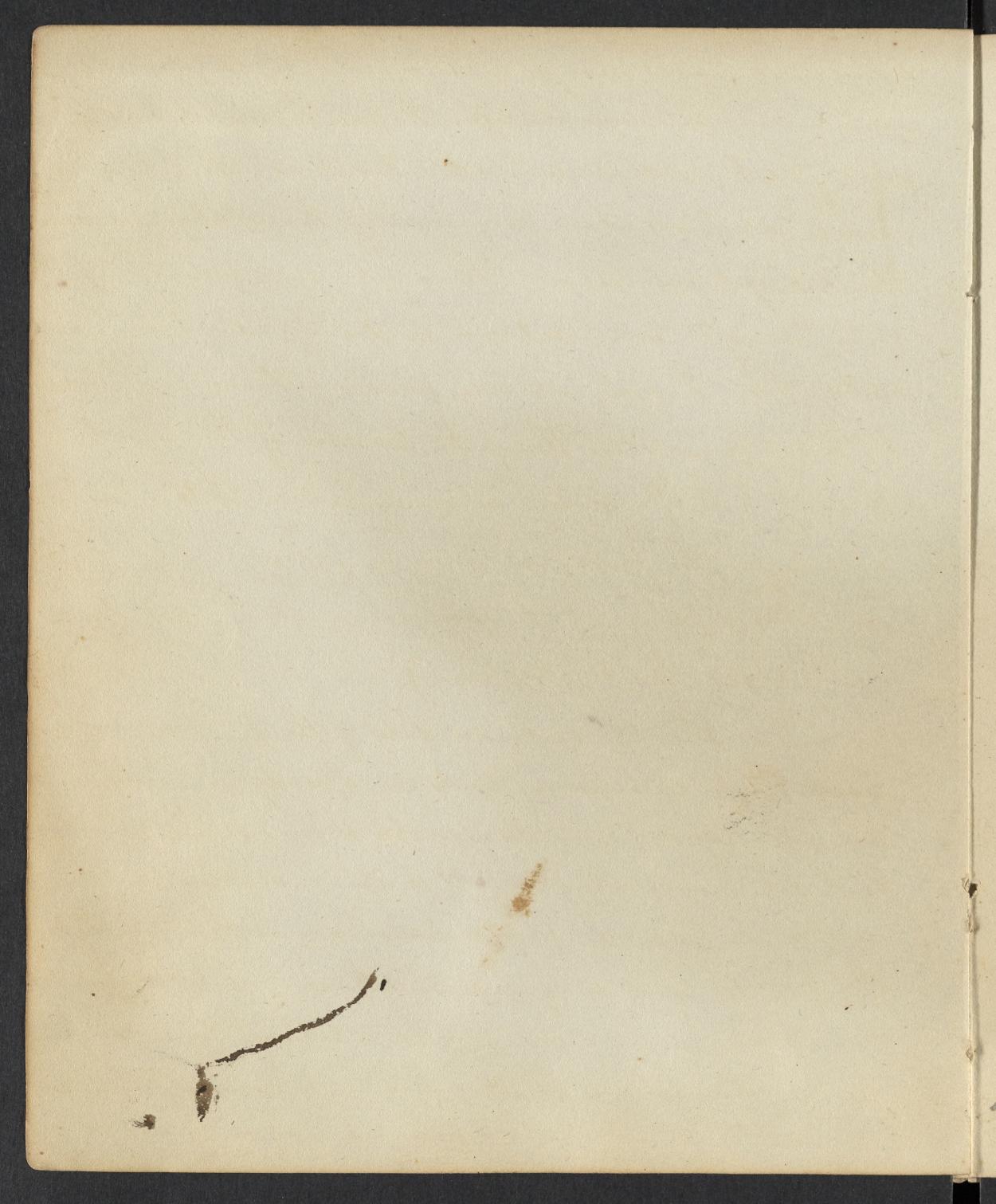
X for mercury, blisters have sometimes been found highly beneficial. These should be applied to the extremities, and not dried up too hastily. They operate pretty much on the same principle with mercury; namely,

* This is taken from my
notes of last year — 3

they create a counter impression, which interrupts & destroys those concatenated associations on which the disease depends.

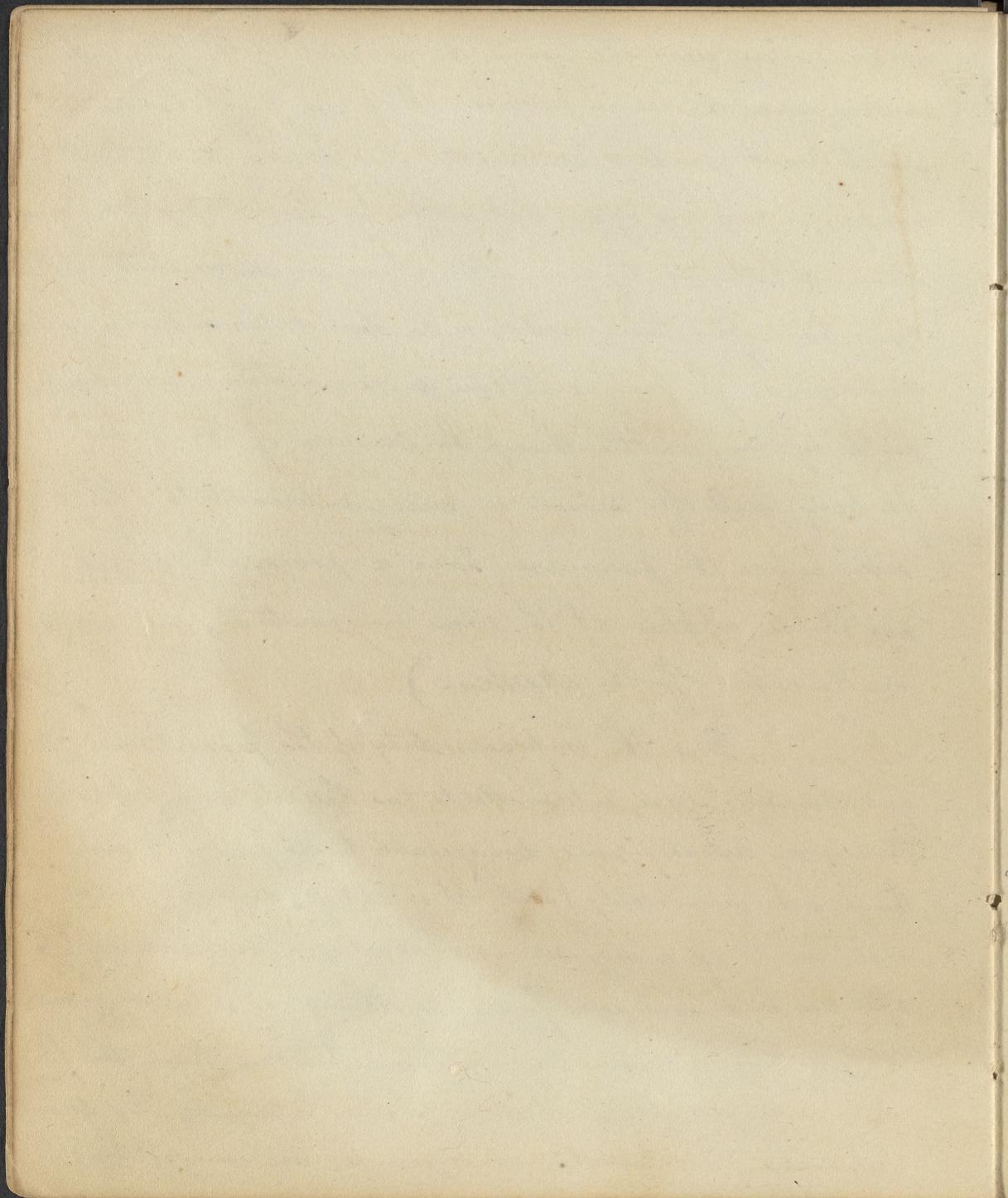
When all these means, however, fail, as a dernier resort, we should direct the patient to undertake a protracted journey; so that the exercise of gestation, the change of scenery, the ^{novel} impressions derived from a different climate, & other causes, may operate in producing a new train of action, which may supersede the old. —

(*) I will now speak of those remedies which are calculated to meet a ^{mod.} indication in the Apyrexia; — or those which are to be given just before the expected recurrence of the paroxysm. It is the common practice to order the patient to go to bed, and to take opium as Dr. Trotter has recommended it. Warm beverages are also administered, ~~in~~ for the purpose of procuring a diaphoretic effect. Ether is a powerful, prompt, and diffusible stimulus, & from these properties answers very well at the time under consideration. You should warn the patient not to overtax his stomach about the period of the expected attack; as nausea or violent vomiting might thus be occasioned. Cases are indeed, where Dr. & Mrs. Fasting has completely cured the



disease. Any great change in the condition of the stomach would answer the same purpose. By some practitioners a very different mode is employed. They make the strongest possible impressions upon that viscus by stimulatory medicines. Strong spirituous liquors, either alone, or impregnated with opium have often been used; & no doubt have proved advantageous. In fact, whatever makes a strong impression on the system, whether through the medium of the mind or the body, will often succeed in curing intermitents. Emetics given before the paroxysm have a powerful effect; and blisters applied at the same conjuncture, not unusually ward off the attack.)

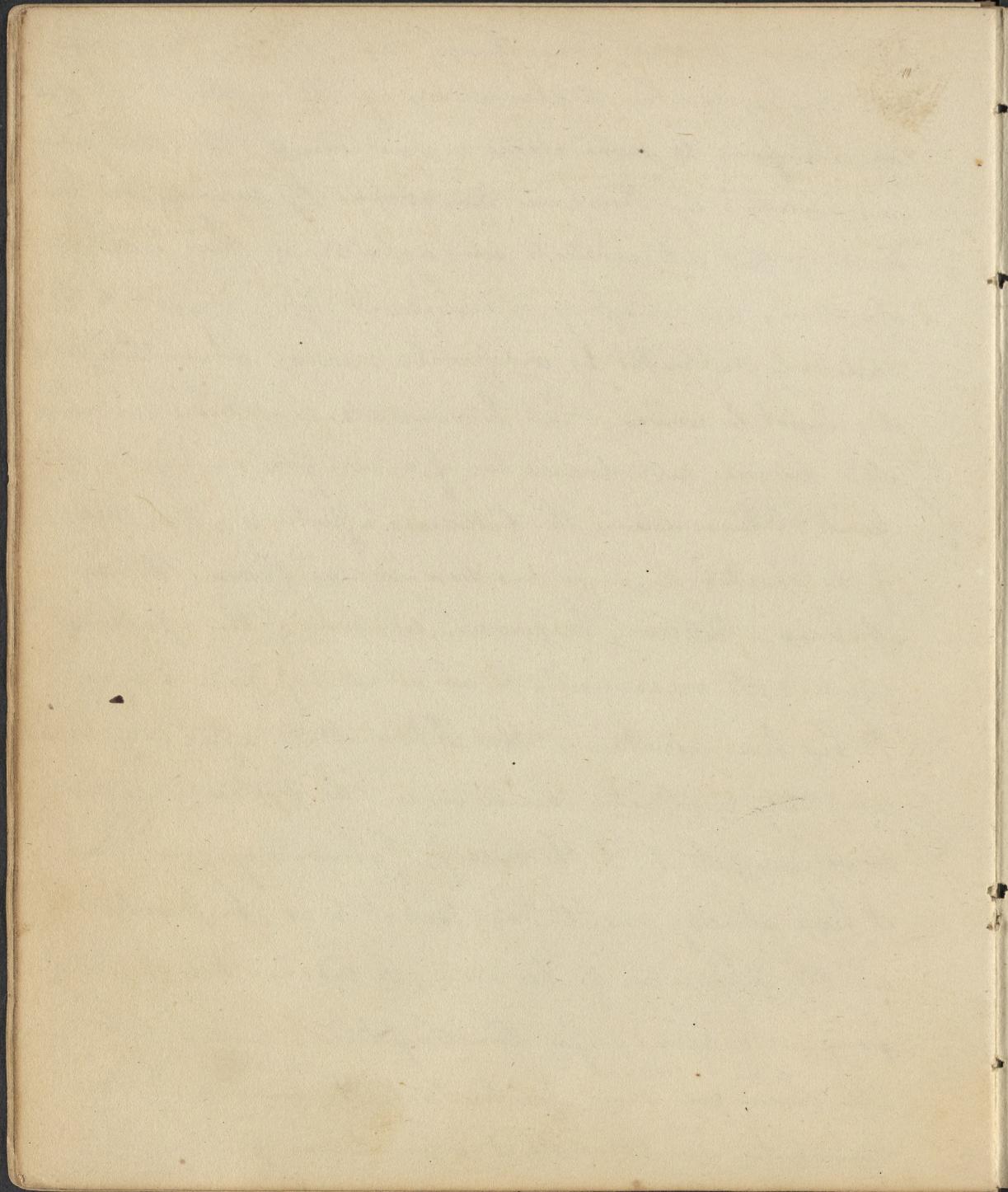
It is the imperious duty of the practitioner, to endeavour to cure intermitents as speedily as possible. There is no disease more disagreeable to the patient; and though not immediately fatal, it is apt to degenerate into complaints of a very serious character. Thus, intermitents often run into continued fevers, sometimes of a typhous nature, and nothing is more common in children than ~~the~~ for them to terminate in Hydrocephalus Internus. The more common of the remote consequences, are congestions



X of the viscera, scirrous insulations, and cancer, conjoined
with Drapery & other deprivations of the system. No opin-
ion, therefore, is more absurd & mischievous, than that which
was advanced by Boerhaave, and adopted by many other phy-
sicians, that intermittents are salutary in their primary
operation, and, unless of a malignant-type, are not to be
suddenly suppressed by artificial means. Nevertheless,
it cannot be denied, that Intermittents sometimes supersede
other diseases, and diseases too of a very formidable character.

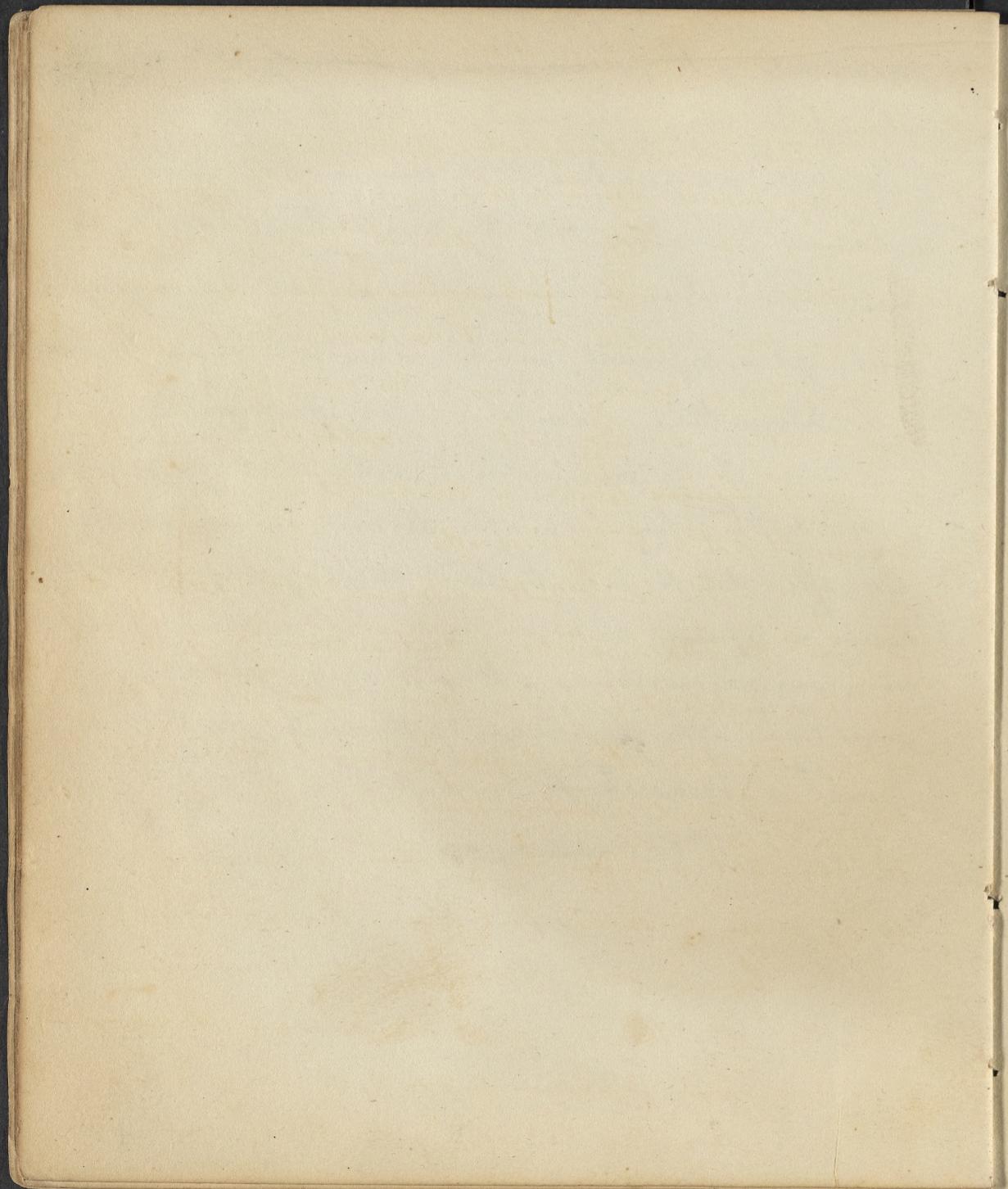
X Gout, Rheumatism, the Cutaneous affections, and many
of the spasmodic, or nervous disorders, as Thorea, Epilepsy,
Asthma, Hysteria, Impulse, are some of the affections
which yield occasionally to an attack of fever & ague.

X It has been ascertained, that Intermittents after they have
completely established themselves in the system, are some-
times competent to the cure of Pulmonary complaints.
I have already mentioned, that it was the practice of
an old physician of this town, to induce this species of
fever as a remedy for Consumption: but I will here-
after shew you more particularly the ^{advantage} benefits of this
treatment. The same effect is sometimes produced in



Melancholy or the furious forms of Insanity. It was the custom of the same physician, to take the maniacs out of the Hospital, & expose them to the sun, or send them to miasmatic countries, that they might be attracted by the fever & ague. Though this practice did not always effect cures; yet a sufficient number occurred to show the power of the Intermittent action over such affections. —

As the predisposition to intermittent fever remains in the system a long time after the cure has apparently been effected; the patient should studiously avoid all exciting causes, as exposure to night air, or to a cold & damp atmosphere under any circumstances. It is always preferable for some time after the cessation of the disease, that the use of tonic Medicines should be continued.



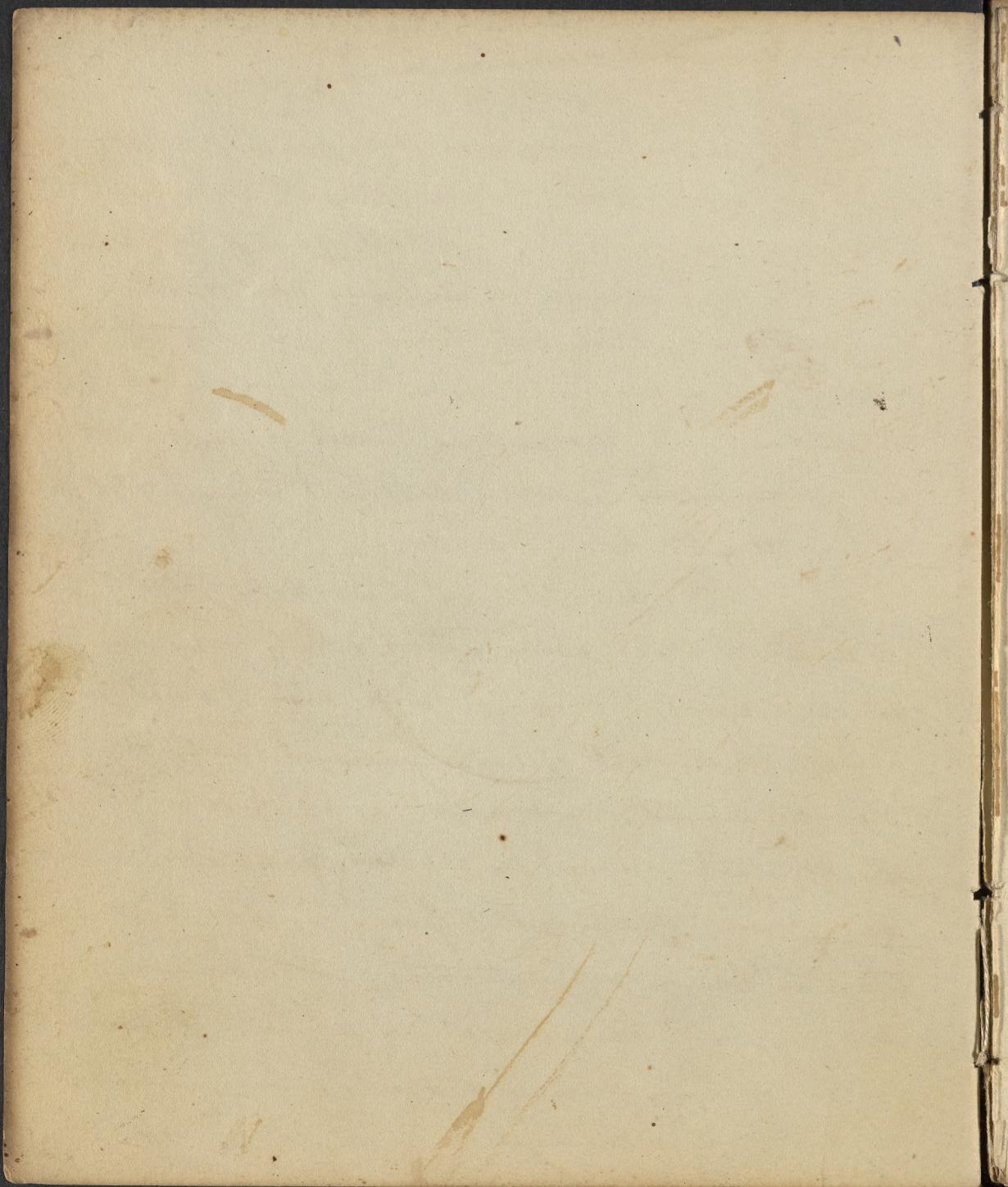
2. Remittent Fever, ^{or} it may Remit

This is a mere modification of the preceding disease.

Cullen very properly considered those nosologists, as Sauvaget, —
— Lémeau, who considered it a distinct species of fever. Most
undoubtedly, as he observes, both each arises from the same cause,
each is epidemick at the same time, each is cured by the same
remedies, and in some instances, in the same person, the disea-
ses alternate. All this must be conceded as perfectly true;
but as they ~~diseases~~ demand a treatment somewhat different,
they ought not to be confounded.

By Remittents we mean that species of fevers
in which the attack abates, without entirely going off. The
remission occurs at irregular periods, & ^{is} of uncertain du-
ration. Sometimes it continues for several hours, and at
others, the interval is ~~not~~ so short as hardly to be perceptible.
The Remittent is induced by all ~~the~~ causes assigned as
giving origin to Intermittent fever. Hence it is most com-
mon in low, marshy situations, in the autumnal sea-
son, & when there are great vicissitudes in the weather,
as intense heat, succeeding suddenly to heavy rains.

As in the Pyreneia of the Remittent, the



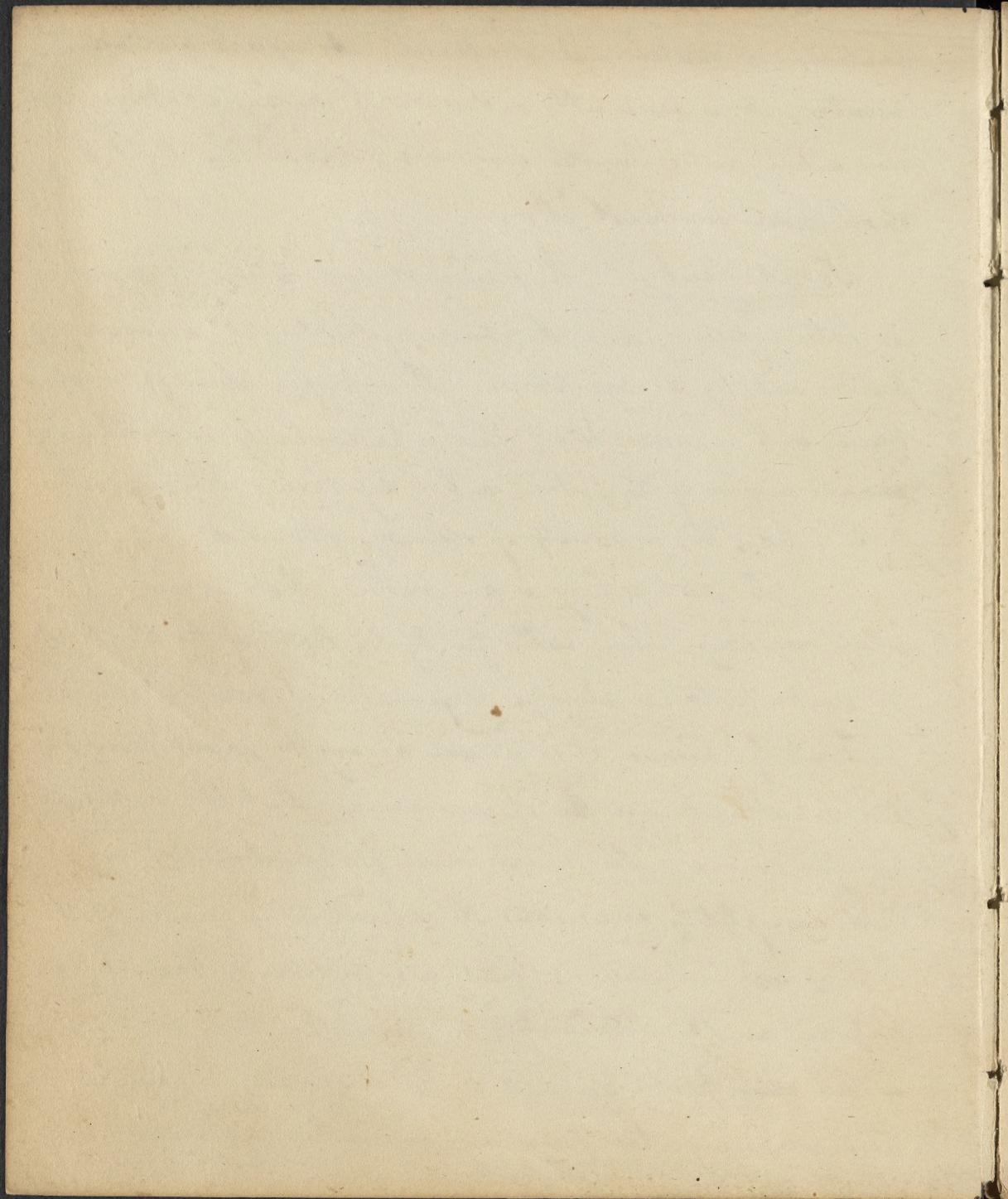
attack is preceded by languor, heaviness, anxiety, listlessness, sighing, yawning, and alternate fits of heat & cold. As soon as the fever proceeds to the 2nd. stage, the patient experiences pain in the head and back, heat over the surface of the body; when the stage is fully formed, there is difficulty of respiration, and dejection of spirits: to these are added a white, furrowed tongue; a full, strong pulse; a sallow skin ~~with~~ and eyes tinged with bile; nausea, or vomiting of bilious matter; and a sensation of heat & pain at the pit of the stomach. After a continuance of these symptoms for a time, the fever abates considerably, & goes off with a perspiration more or less copious. But in a few hours it returns with the same appearance as before; & thus with exacerbations & remissions it proceeds till it terminates fatally, or is cured; or, as sometimes happens, is changed in another form, as the intermitting or continued. Such is the ordinary character of the disease; but under different circumstances of climate, situation, or constitution of the patient, it assumes different appearances, & is associated especially with the inflame-

19

matory, & malignant diathesis. As regards our own country, it is generally a disease of increased action, requiring active antiphlogistic measures; and in this light I shall now consider it.

Treatment. The principal indication is to induce an intermission, and the course of treatment is obviously pointed out by the symptoms. It is proper always to commence with venesection. This is particularly indicated by the rigour of the pulse; a hot, dry skin; determination to the head, and a variety of other symptoms.

The next remedy is an emetic. With a view of exciting vomiting, when called for by the state of the stomach, the emetic tartar is always preferable. I mention this more particularly, because it is general among the practitioners of this country, to use ~~the~~ ipecacuanca. But this is much less efficacious. The antimonial preparation not only more completely evacuates the alimentary canal of the bilious accumulations; but also makes a powerful impression on the stomach; so much so that it sometimes ~~in this way~~ puts an end to the disease, by interrupting and removing the primary morbid impression. In



many instances I have known remittent fever cured by an antimonial emetic, operating in the manner I have described to you.

To meet the same indication, that is to evacuate the alimentary canal, the mercurial cathartics are next to be resorted to. These like the antimonial emetics, are always to be preferred to their kindred articles. They operate more efficiently in evacuating the bile than other purges. As soon, however, as the mercurial evacuation is over, we should resort to purgatives of a milder nature. Of these the saline are most generally used, and the best are the Epsom, & Cheltenham salts. The latter are made by evaporating the Cheltenham waters, or in imitation of the salt thus obtained, and have been recently introduced into practice. They operate in much smaller doses than the other neutral salts, are less disagreeable to the patient, and more effectual ~~when~~ taken in evacuating the alimentary canal. One drachm is equivalent to one ounce of the Epsom. —

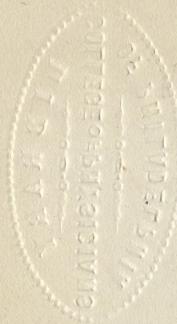
After such direct & powerful depletion of ~~the~~ from the stomach & intestines, it will be proper to resort to the milder method of diaforesis. The medicines best

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adapted to this end, are the antimonial preparations, and the neutral mixture. The Spiritus Mindereri is also a valuable article in this place. The action of these may be promoted by the vapour-bath. The best means of applying this, is to pour vinegar on heated bricks, which are to be wrapped up in flannel, & applied to the trunk & extremities: thus, in general, we can excite a copious perspiration. —

The disease ^{under} such treatment ~~can~~ will most frequently yield after 3 or 4 days; but if it does not, the emetic, and mercurial purges must be repeated. Evacuations of this kind are called for by the accumulation of bile in the stomach, whereby irritation & febrile action ^{are kept up.} I have found emetics to succeed the best. As co-operating to in the same intention, vesicating applications should be made to the upper or lower extremities. The mode in which they do good is sufficiently intelligible. By making a strong impression on the skin, they interrupt that train of actions, which constitutes the febrile condition.

During the continuance of the fever down drab-



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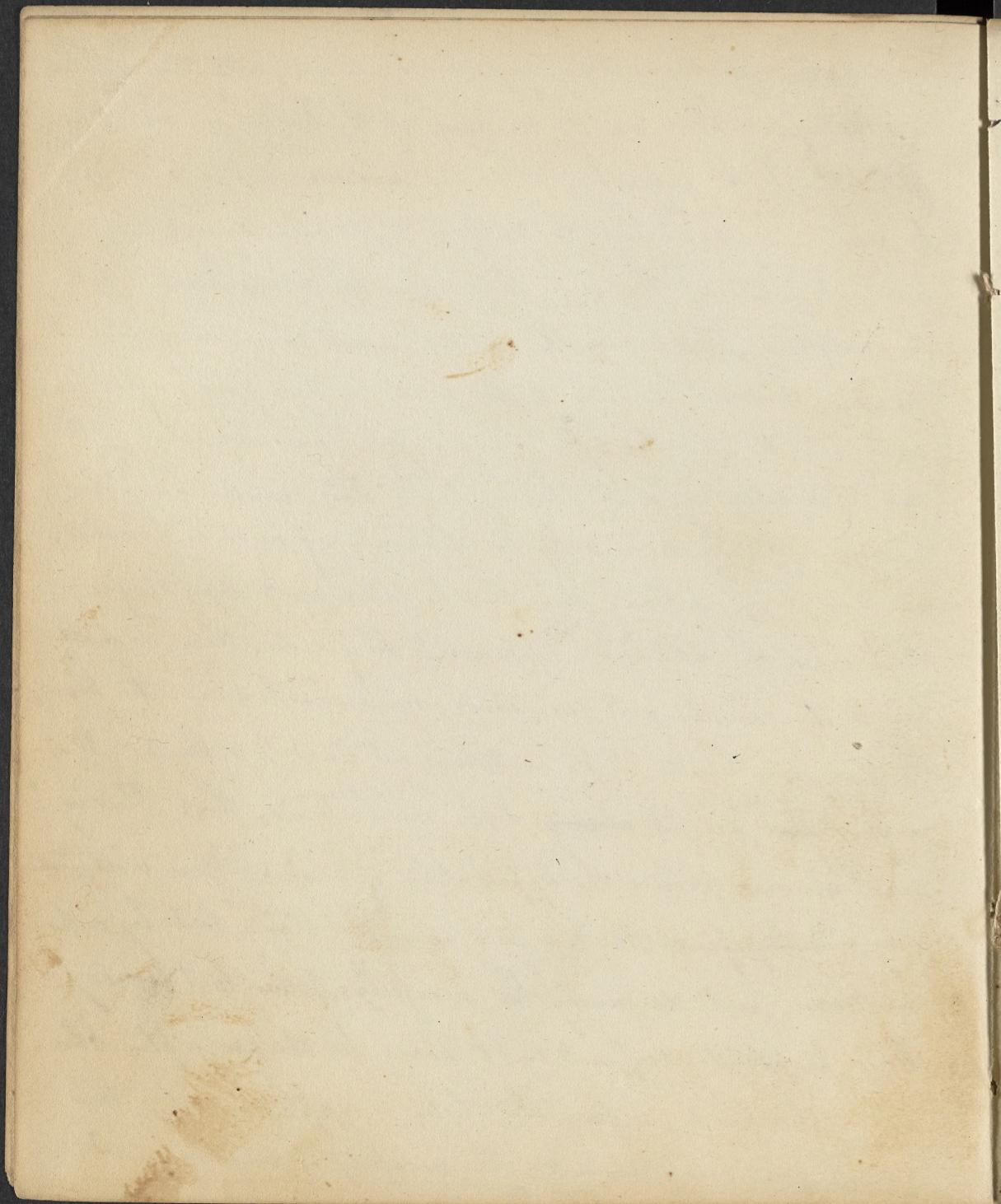
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ordinate affections occur, which claim our attention. There is often great heat on the surface of the body, which is very distressing to the patient. When this ~~occurs~~ happens, it may be relieved ^{occasionally} by spraying the surface with cold vinegar, or very cold water. You will thus reduce the temperature, allay the irritation, and render the patient much more comfortable.

And. A determination to the head, in this fever, often occurs, and is indicated by a flushed face, wild expression of the eyes, and delirium or a tendency to it. This condition of the head is especially relieved by the application of cups and leeches; and 8 or 10 oz. of blood may thus be taken with advantage.

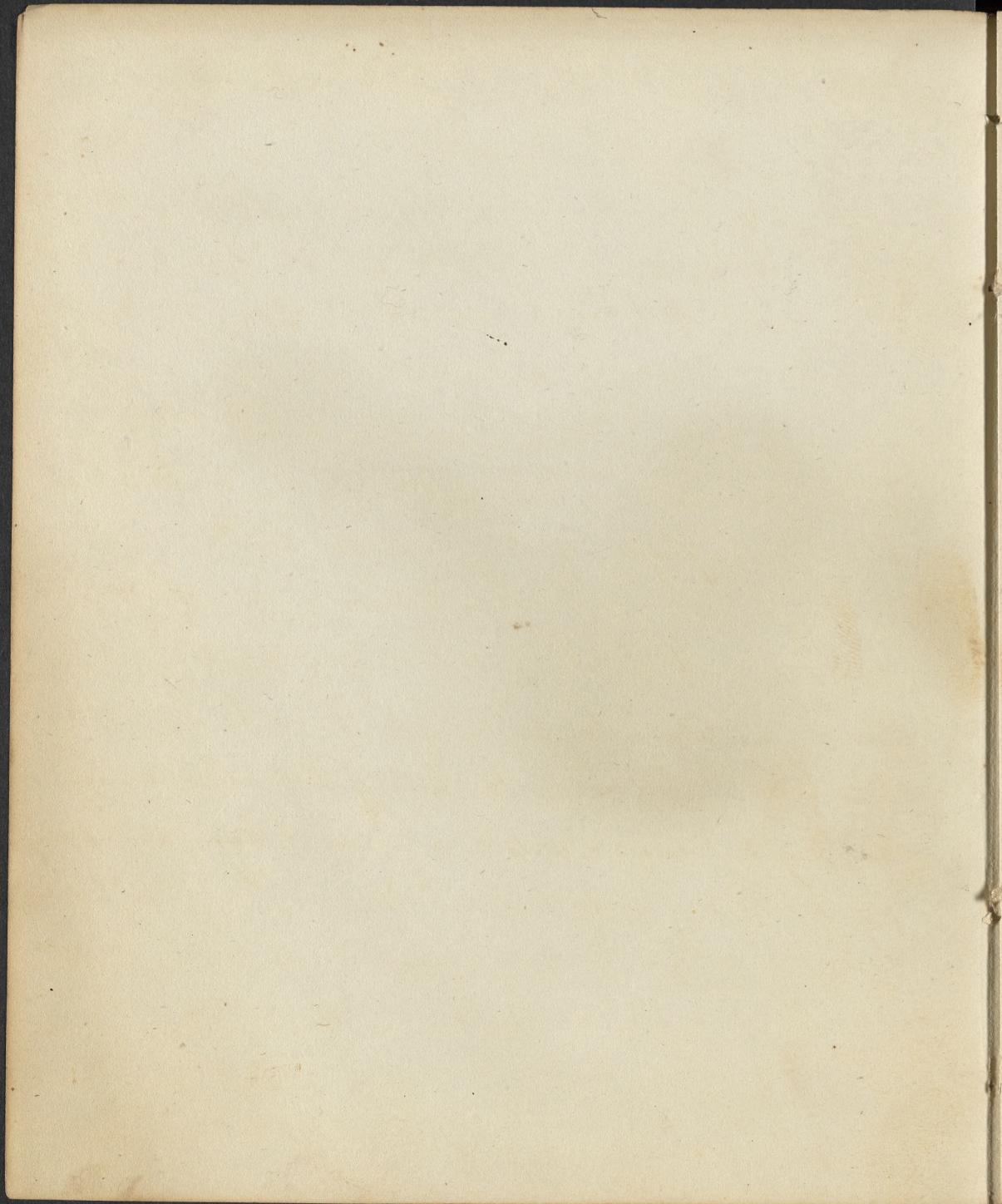
But when the delirium appears to be fixed, then, in addition to the remedy just mentioned, you should shave the head, & put on a blister, to be continued at least 24 hours. It is a fact ~~that~~ ^{which} ought always to be remembered, that bleeding must always precede the application of blisters. You will find very generally find, that a few ounces of blood lost by cups or leeches, will do away the necessity of this last remedy.

It is proper to suffer 8 or 10 hours to elapse after shaving the head, before the blister is applied; as by thus doing you may abate the necessity of employing it.

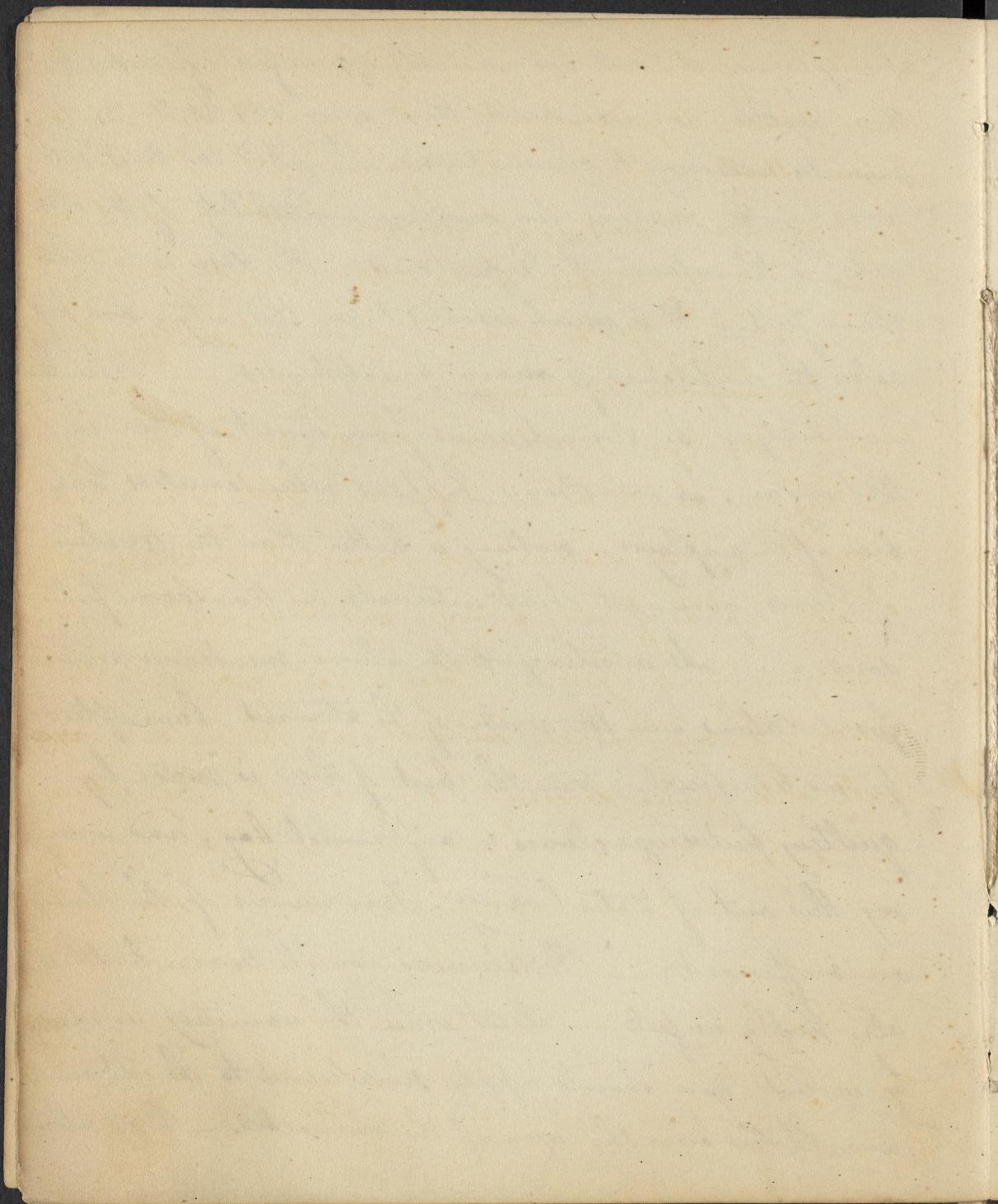


How the mere removal of the hair should do away the symptoms of delirium, is not very intelligible. — Besides this advantage, we derive another from delaying; viz. — an opportunity of applying cold to the head, by means of cloths wrung out of cold water, or by the use of ice itself. —

3rd. — The most common symptom which calls for relief during the continuance of remittent fever, is nausea, or vomiting of bilious matter; arising either from irritation of the stomach or peculiar irritability of the stomach, or from accumulations of bile in that viscus. The stomach, or from a peculiar irritability of that organ. To relieve the first it is right to repeat the evacuations either by emetics, or saline purges; but in the second case a different course of practice must be pursued. To quiet irritability is now the indication. For this purpose we have a great variety of remedies. The common effervescent or foaming draught is exceedingly beneficial. — When it can be obtained, the Seltzer-water, administered in small doses, & at short intervals, will often prove advantageous. — Mint-tea is also useful; but infinitely the best remedy, on this occasion, is Lime-water & milk. The mode

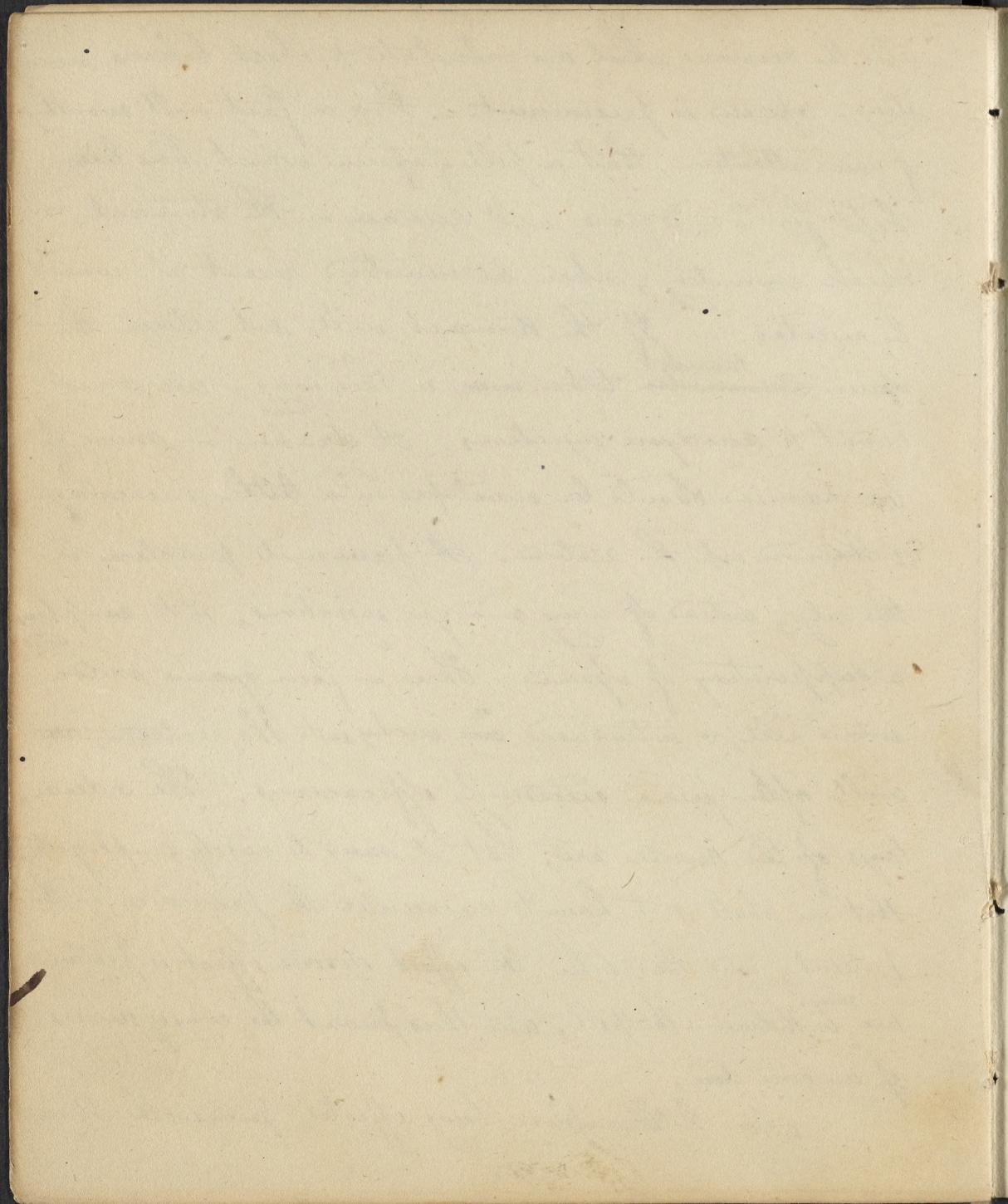


of employing it, is to take a table spoon full of each, mix them together, and administer them every 15, 20, or 30 minutes according to circumstances. — But the least valuable of the remedies for soothing irritability of the stomach, is the infusion of *Serperaria*. The dose is a table spoon full. It is much resorted to in this city, and possesses the confidence of many practitioners. — When ~~this~~^{the} irritability of the stomach arises from want of tone in that organ, as sometimes happens when emetics have been often employed, nothing is better than the tincture of Cloves, given at short intervals, in tea-spoon full doses. — As auxiliary to the above mentioned remedies, fomentations over the region of the stomach, have often proved beneficial; and the best of these is made by quitting pulverized cloves in a flannel bag, and wringing this out of heated brandy. Two ounces of the cloves are sufficient. — Pedilevium or the warm bath is also highly useful. — But when the vomiting is exceedingly violent, you should apply sinapisms to the extremities, and blisters over the region of the stomach. — But above



all the remedies which are calculated to check bilious vomitings, opium is preeminent. — It is a fact well worthy of your attention, that a pill of opium which has been kept for 2 or 3 years, will remain on the stomach, & check vomiting, when administered recent it would be rejected. If the stomach will not retain the opium ~~administered~~ ^{though} taken even in this way, we must resort to anodyne injections. A drachm or more of laudanum should be enveloped in a little mucilage, & thrown up the rectum. A favorite practice in this city, instead of using anodyne injections, is to employ a suppository of opium. Three or four grains made into a pill, & introduced ~~as~~ ^{as} nicely into the rectum, ~~as~~ will often prove exceedingly efficacious. The advantages of this mode are, that it may be easily employed, that we shall not have to encounter the prejudice of the patient, and that when the effect desired effect is produced we ^{may} withdraw the pill, and thus prevent the consequences of an over dose.

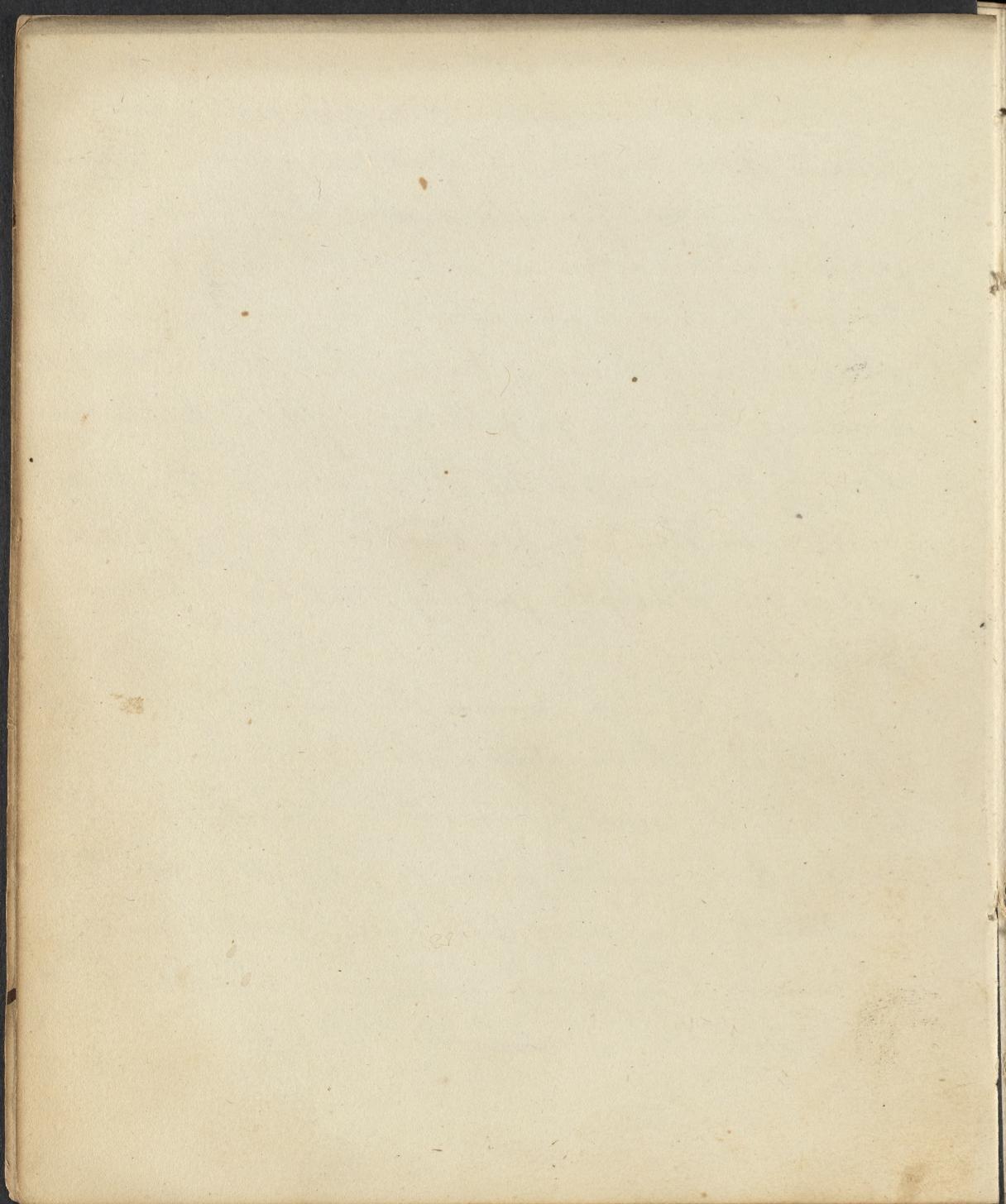
An Intermission being effected, pour in the Per-



vian Bark, combined with aromatic decoctions. But when any doubt of the absence of the fever exists, you should prescribe the Serpentaria, Quassia, Augustana, Eupatorium, centaury &c. for reasons which I explained on a former occasion. Aescine will also be found, in some of these cases, to answer very well. The only circumstance which allows of the use of Bark, while there is the least remaining fever, is a palpable tendency to a Typhus condition. But even here the medicine will often be rejected, & we should confide more in those tonics, which add to their principal property, that also of producing perspiration. —

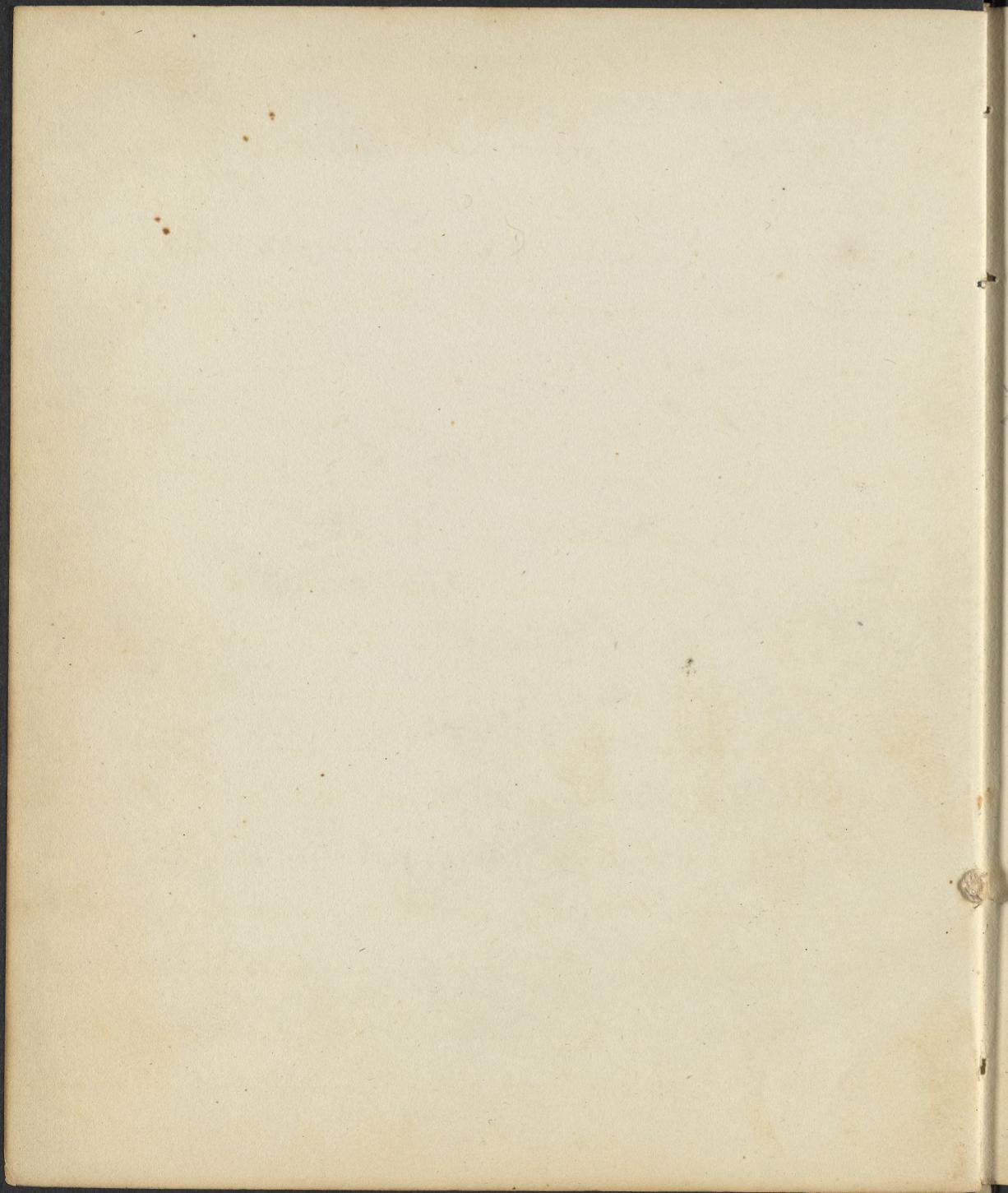
On the whole, however, the remittent of this country is of a highly inflammatory grade, demanding copious depletion by the lancet, & evacuations from the bowels; & when these in every stage are so managed as exactly to correspond to the violence of the case, no other remedy will in general be ~~so~~ ^{so} imperiously required. —

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3. Continued Fevers.

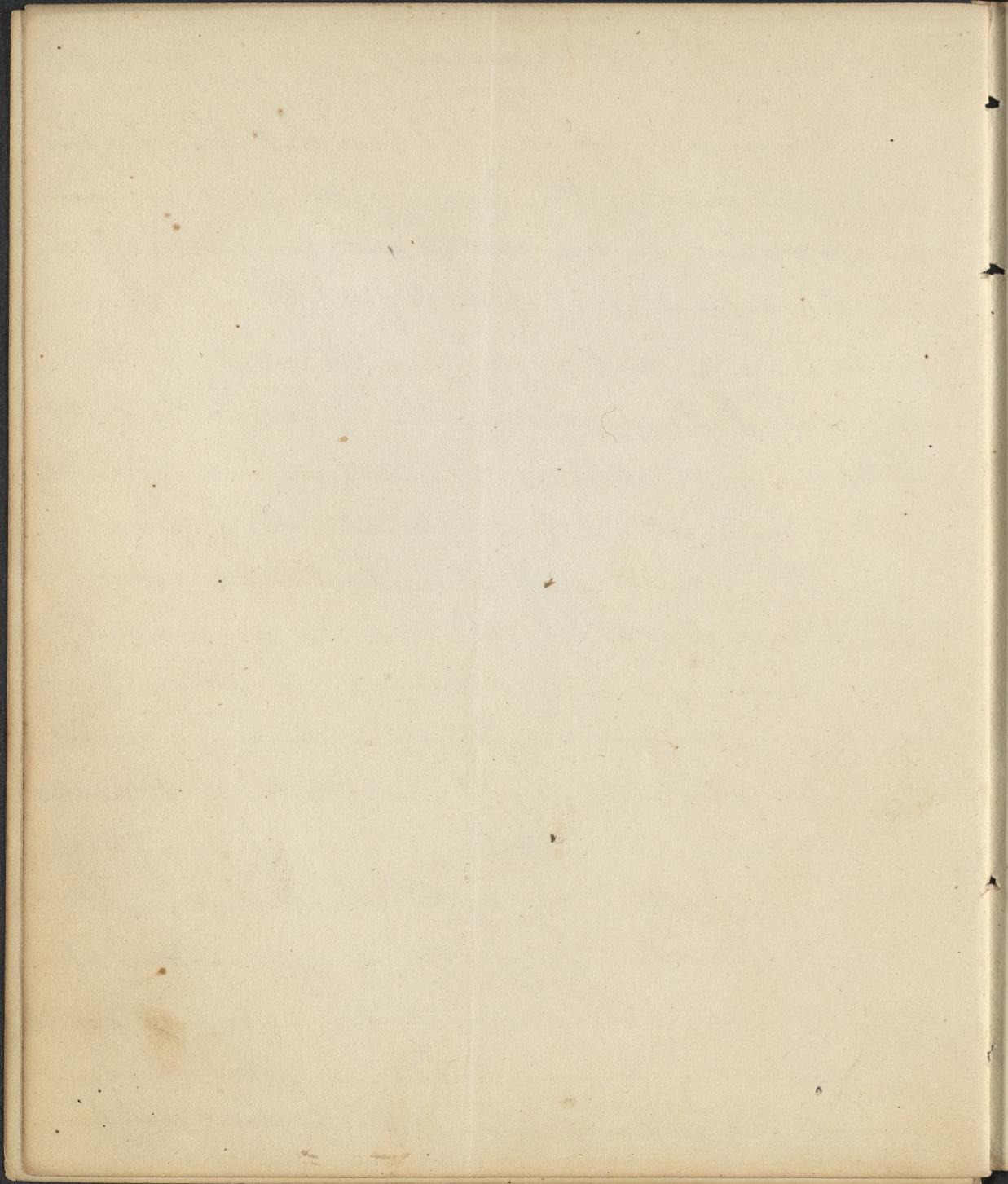
P. ³ These run their course without any intermission,
though some degree of remission & exacerbation daily takes
place. It has been held by some writers that this definition
is exceptionable, - because all continued fevers, say they, consist
of a single paroxysm, kept up without abatement, till the
final termination. But I believe that no such fever exists,
and am supported in my opinion by the highest authorities.
Except the fever which denominates Ephemera, which is of
short duration, and rare occurrence, every other kind of
febrile affection is made up of a repetition of paroxysms.
It may be remarked as a general rule that the exacerba-
tions take place in the morning & towards evening. By
consulting nosological writers, you will find that this
class of fevers is variously arranged: - I shall treat of
them under the general heads of Synochia & Tropae.
The various different forms of continued fever may
thus be disposed of, without deficiency of perspicuity, or
too great generalization.



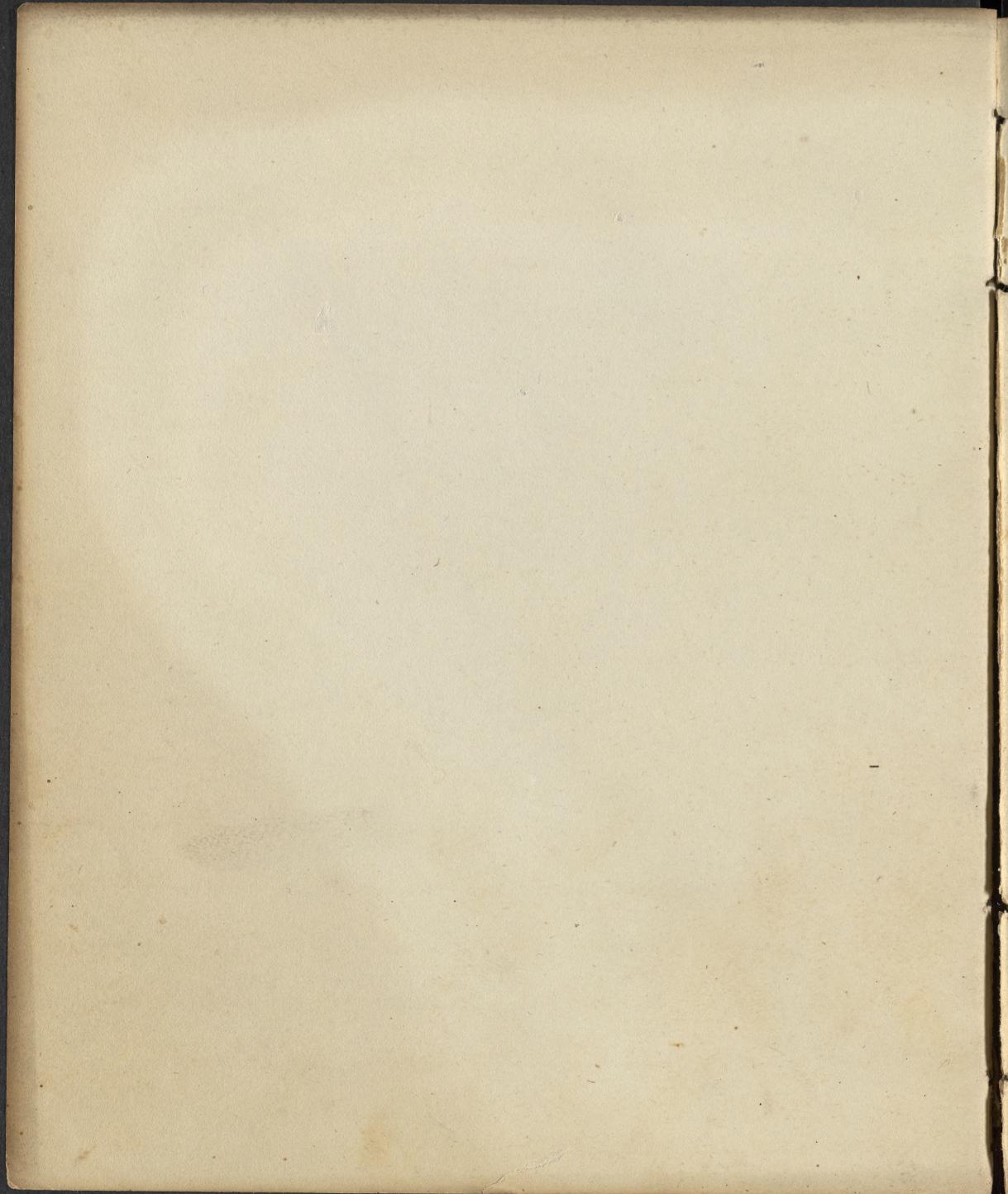
a. Synocha

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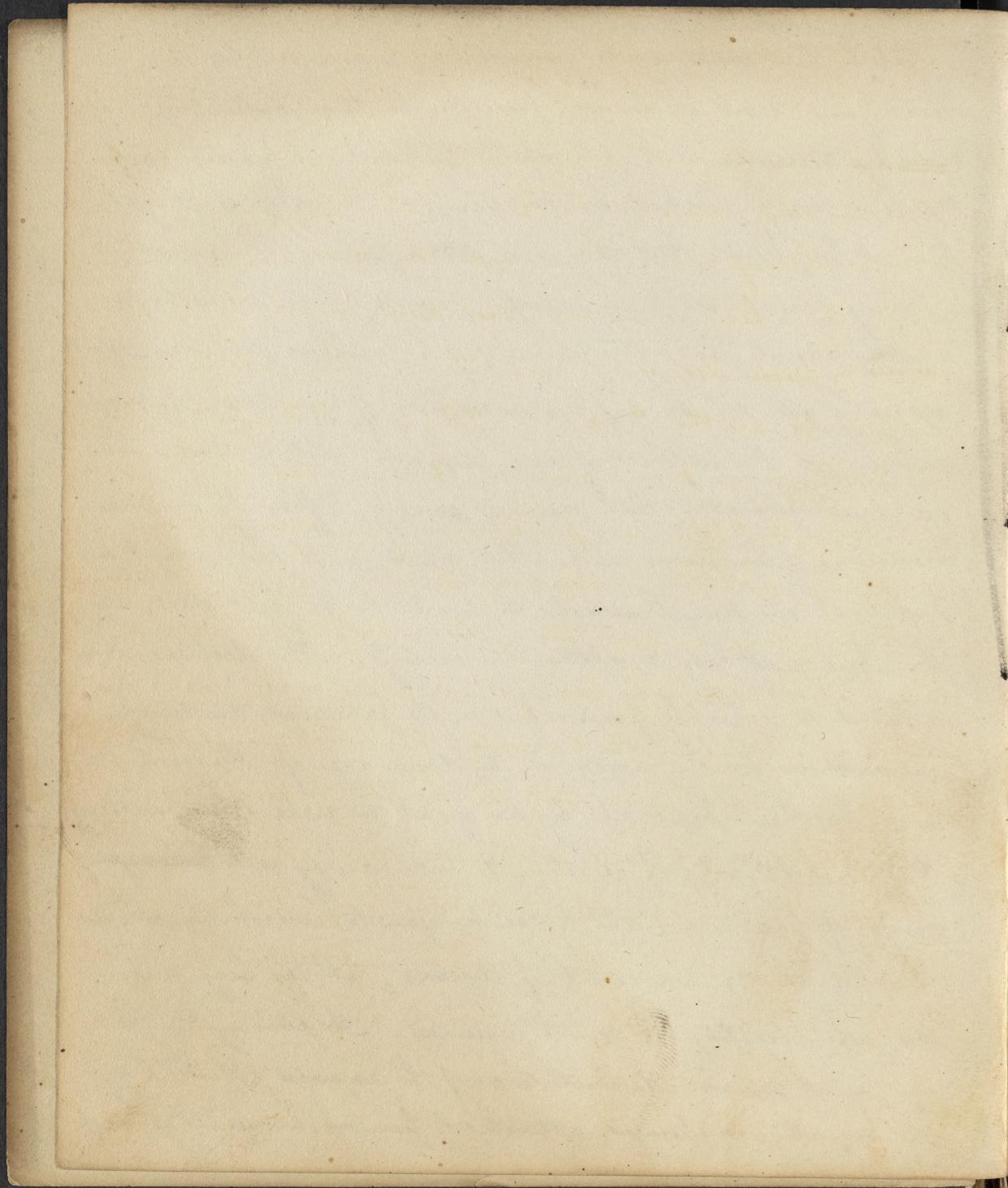
As ordinarily defined, I believe that Synocha fever has no real existence. Every case, at least, which has met my observation, has been attended with some local affection, which marked it as one of the Phlegmasiae. — Of continued fevers the most common in this country is the Bilious Inflammatory. This prevails in the United States to a great extent, with greatest violence to the South; and is varied not a little by climate, and the condition of society. Like the fevers already treated of, it arises chiefly from Marsh Exhalations; but in common with them, it is also produced by other causes. Considering the close analogy in the origin, symptoms, and modes of cure, not to mention other slight resemblances, between the Intermittent, Remittent, and continued bilious fevers, we have good reason to conclude that they are the same disease, with some difference in type, & external physiognomy. During the exacerbation, a remittent is so precisely similar to an attack of continued bilious fever, that an account of one will answer equally well for the other; each being



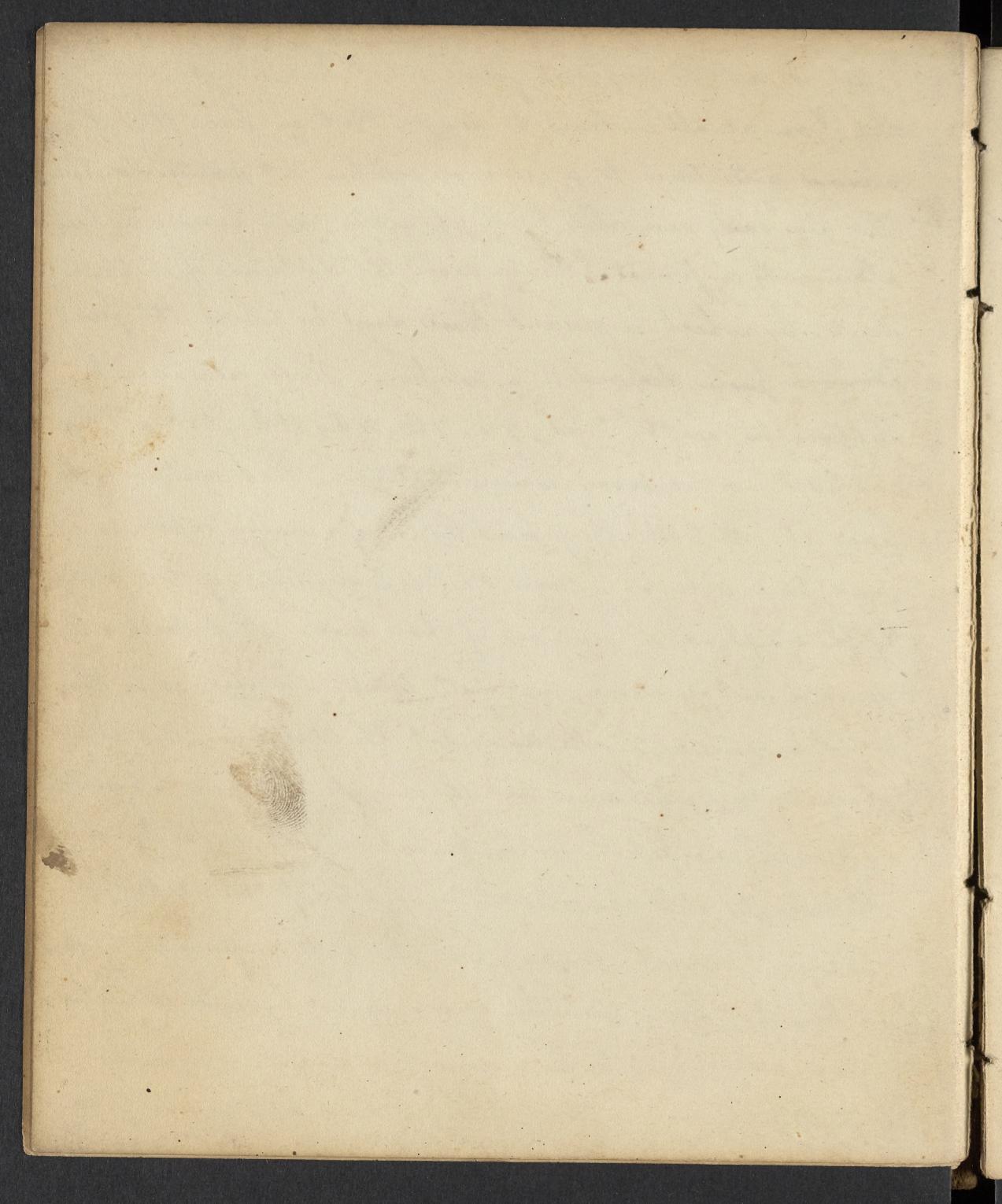
ushered in with the same train of symptoms, and accom-
panied by the same set of affections. Discharged, therefore,
from the necessity of occupying our time with a recapitu-
lation of what has been already said, we will proceed
to the cure of the disease before us.⁸ But can we arrest
the progress of a fever after it has once been established,
or must we be content with abating the more violent
symptoms, till it shall terminate spontaneously? This
is a question of great moment, and has been ably discussed.
By Cleggan, Hillary, Prengle, and Gordyce, it has been
answered in the negative. It is contended, by the last partic-
ularly, that not only are we unable to interrupt the career of
fever, but also, that either addition to, or subtraction from the
cause producing it will not have the slightest influence. In
support of their opinion they appeal to small pox, measles,
etc and other diseases in which the fact is undoubtedly as
stated. Neither of these cases, however abated in violence,
can be cured by artificial means; & neither of them is
affected by withdrawing the further application of the
cause. This is particularly true as regards Small Pox.



But their reasoning is fallacious; inasmuch as it is deduced from cases of disease peculiar in their nature, and governed by their own laws. As respects the common fevers, we see them daily checked by the remedies usually employed. Can it be denied that they are interrupted in their course, by a timely recurrence to venesection, evacuations from the alimentary canal, and other means of a similar nature. Most assuredly we see this happen every day of our lives, and such success are the trophies of our profession. At the same time we must concede, that there is much difficulty on many occasions; and hence we so often meet with the precept in practical writers, to attack the disease in the first stage, as then it is most easy to obtain the victory. The doctrine above attended to is highly pernicious in its practical tendency, and ~~more~~ having arisen in the dark ages of medical science, has been kept up by too great a respect for authority. It will not fail, if credited, to take away all ~~boldness~~ of energy of practice, and to sink you to irresolution & indecision in the management of disease, at the very moment too, when exertion is most required. According to that, you must remain idle spectators of the ravages effected by the unresisted, & vehement attacks of fever on the constitution.



Let it not be supposed from what has escaped me,
that I am at all inclined to deny, that in fever there is
always a tendency to a crisis or solution at particular times.
This was early remarked by Hippocrates, and has since been
abundantly confirmed. Hence arose the doctrine of critical
days, by which is meant those days in which the fever
~~shows a~~^{is} a ~~fever~~ disposed to a solution. These, according to
Hippocrates, are the 3rd, 5th, 7th, 9th, 11th, 13th, 17th,
and 20th, or as some commentators on that author will
have it, the 21st. Every practitioner of enlarged experience
must have witnessed a more than ordinary tendency to a remission
of the symptoms, on some one of these days. But such a ten-
dency is not so clearly manifested in our diseases, as in those
which occurred among the ancients. The reason for this is not
obscure. You all know that the climate of Greece is equable
& serene; and that the people of that country, in the time of
Hippocrates still cherished the simplicity of their republican
habits. Diseases, therefore, prevailed with uniformity of char-
acter, not being disturbed as among us, by wide deviations
from nature, and by the changes of a climate eternally
fluctuating & unsettled. Attempts have been made to ex-



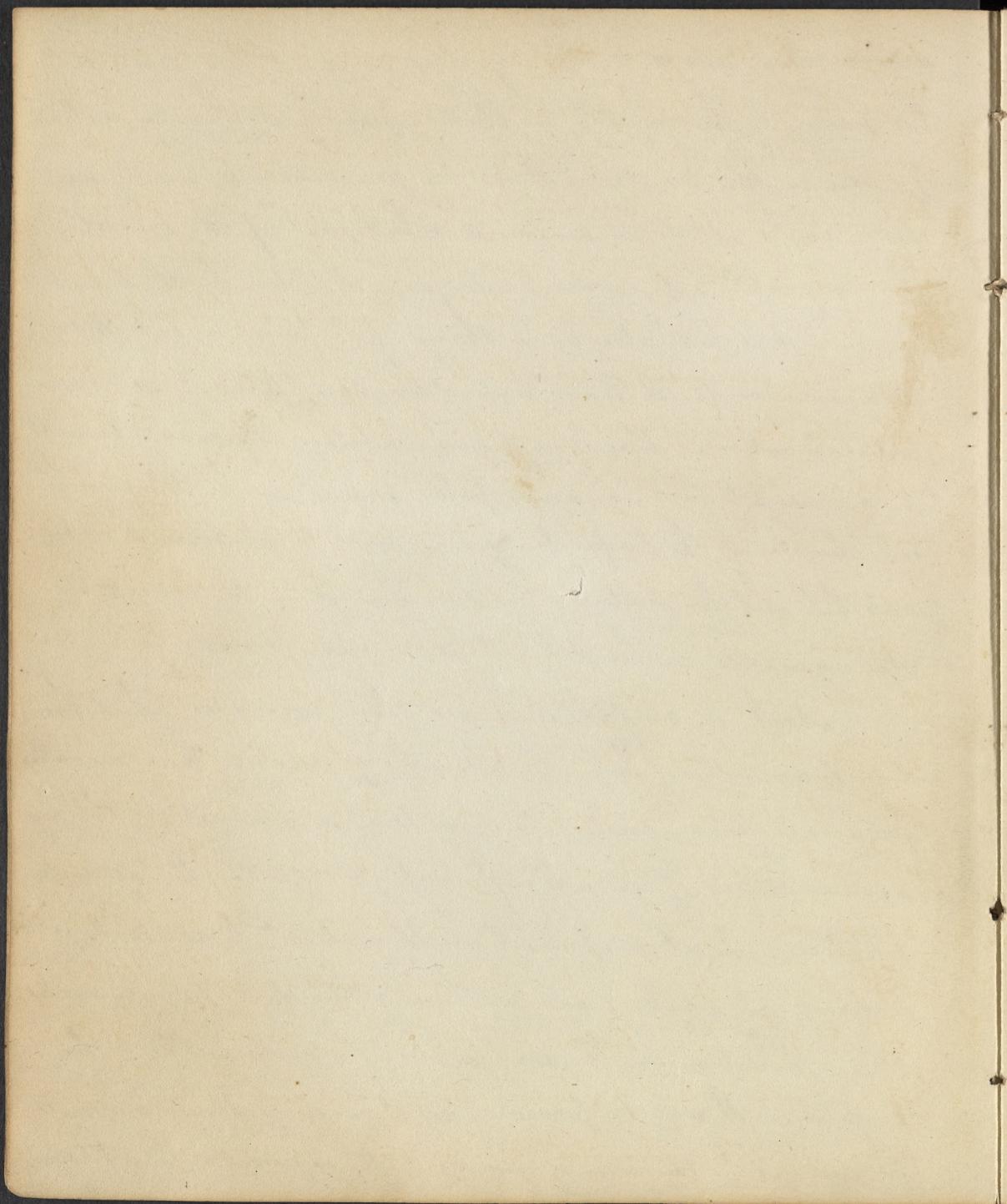
plain the recurrence of critical days on the supposition,
that Intermittents are the primary type of all fevers, and
that hence the continued fevers are first quotidian, then
tertian, and after the 11th. day very generally quartan. Whether
this be admitted or not, the facts are very important. They
teach us to watch the efforts of nature to bring about a crisis,
(which is marked by a remission of the symptoms,) and that
such is the time most propitious for the administration of our
remedies. End

Treatment. Early in this discussion it was remarked, that
the Bilious fevers are, for the most part, inflammatory in
their nature. This being the case, the principal indication
is very obvious; - viz. to reduce arterial action to the ordin-
ary standard. Confinedly to obtain this end, no means are
equal to the lancet. Its operation, under such circumstances,
is prompt & effectual. But in this disease it should be
directed with judgment, and tempered by sound discretion.
Do not in any instance prescribe for the name of the disease.
The same complaint may be varied, & none more than this
one under our notice, by climate, by season, by personal

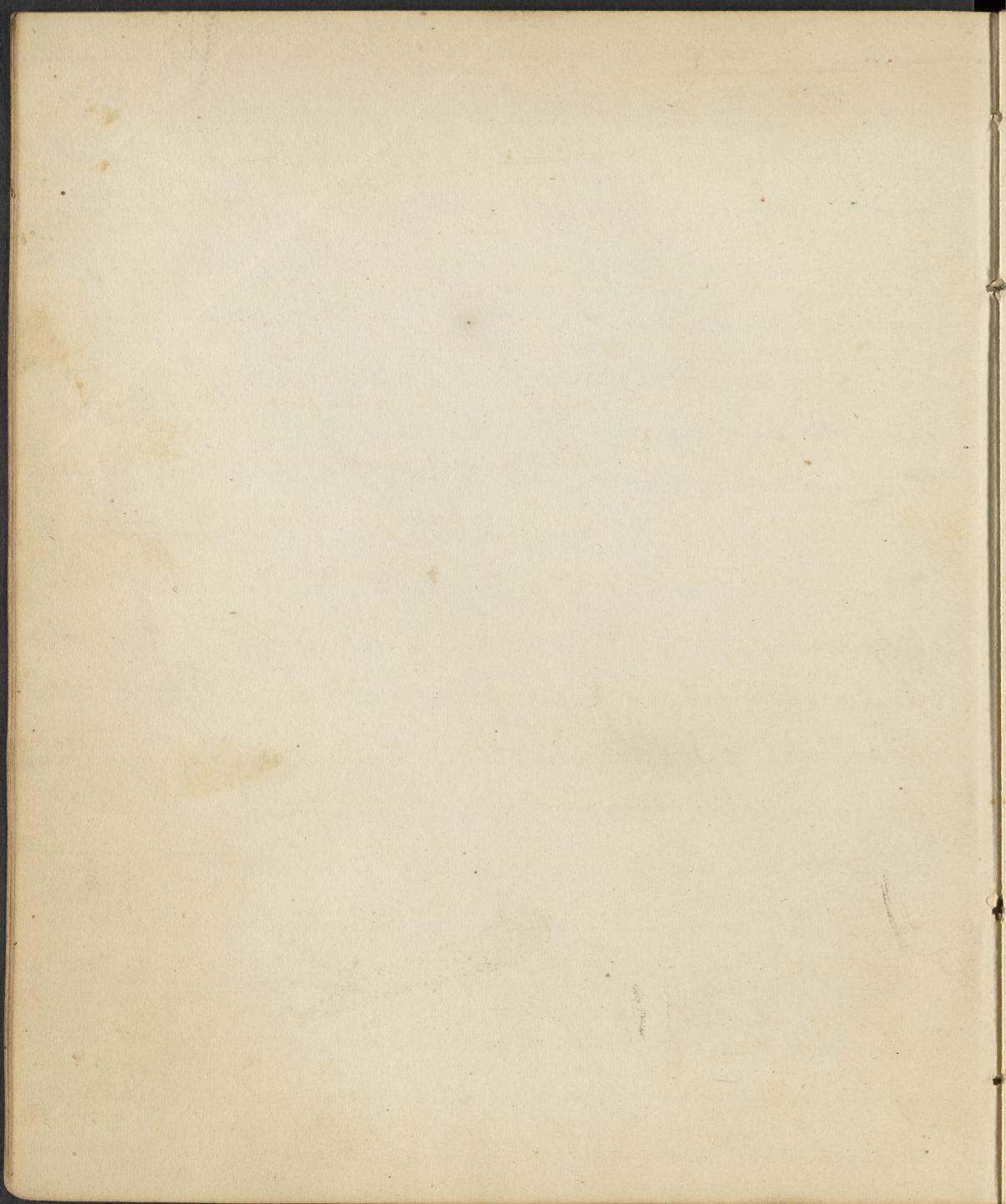
* Last year he recommended a combination of Iqam for tart. emuls. with 20 grms. of ippecac; remarking the latter was prompt, the former effectual.

diogenes, and by many other causes. Thus while in
this section of the country, to bleed copiously is the only method
of cure; in the ¹³ Southern States the practitioners hardly ever
open a vein. But no matter in what part of the world
you may settle, do not refrain from depletion by the lancet,
whenever it is indicated by a strong, full pulse; a hot skin;
determination to the head; and other symptoms of increased
arterial action. These symptoms, whether they occur beneath
the burning tropics, or amid polar snows, or in the more gen-
eral climate of the temperate zone, must be considered as sig-
nals held out by Nature for succour from the lancet or
other evacuants in her difficulties, & oppressions.

Next in importance are those medicines which pro-
duce evacuations from the alimentary canal. These are called
for, in all fevers, ^{but} particularly in this, on account of the large
accumulations of bile which are apt to occur. My general
practice, when I can prevail on the patient to consent, is
to direct an emetic; and, as I remarked on a former occa-
sion, the Antimonial preparations are decidedly to be
preferred. It will be perceived that I am decidedly an advocate
for emetics in this order of diseases. My experience has perha-

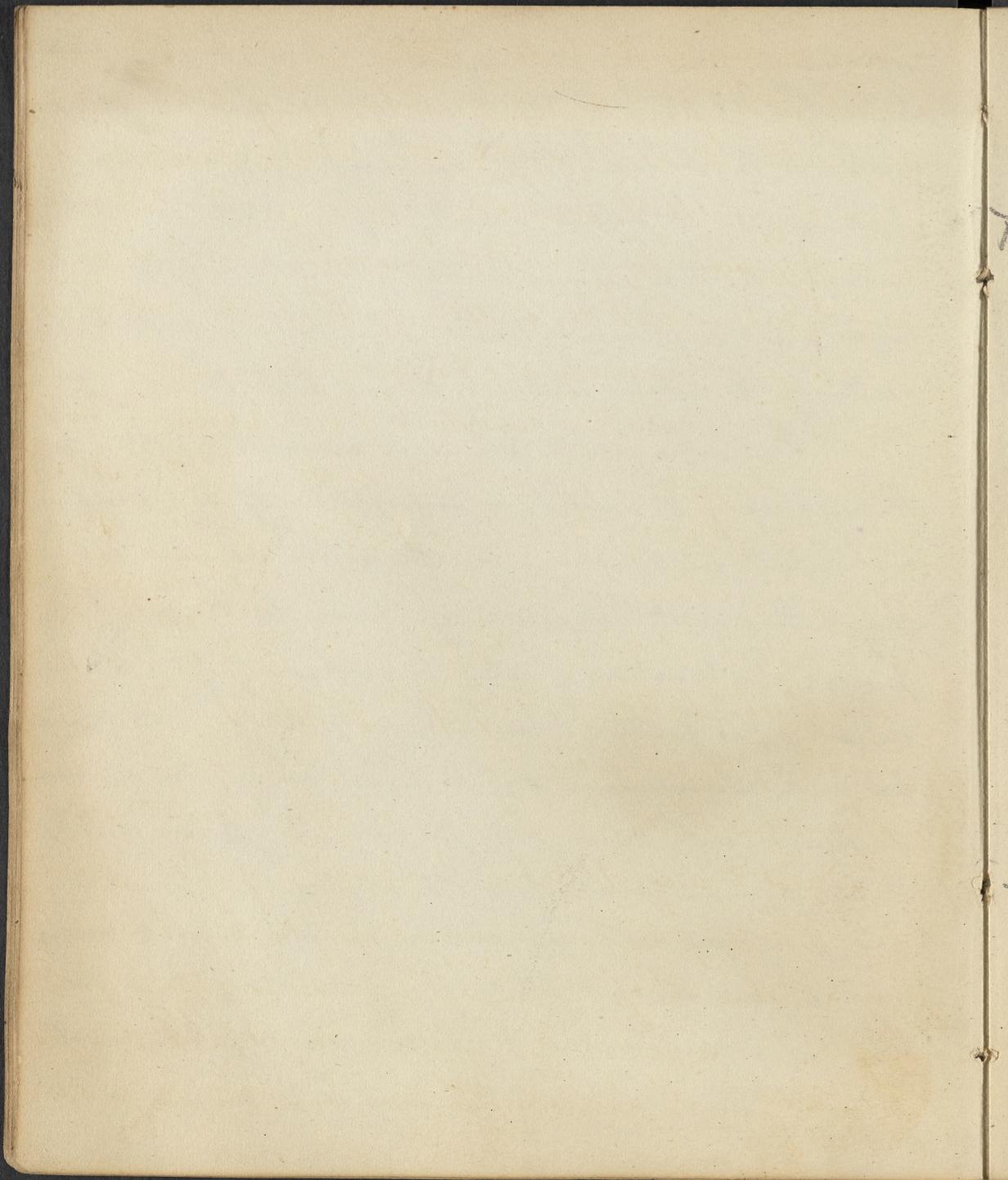


ded me of their superior efficacy to purges; and I am supported
in my belief, by those physicians who are acquainted with the
most inveterate shapes of bilious inflammatory fevers. But
that we may reap their full effect, they must be repeated,
and in some cases several days in succession. There is a fash-
ion in medicine as in other things. Emetics which at one
time were universally resorted to, and of whose efficacy ~~had~~
~~undoubted~~ testimony was afforded, in one of the revolutions to
which our art is subject, were suddenly supplanted by purgative
medicines. But they have recently revived. By consulting the
French & English authors who wrote on the diseases of their
respective armies in Egypt 20 years ago, it will be found, that
the vehement bilious fevers of that climate, refused to sub-
mit to other modes of evacuation. Emetics, therefore, were adop-
ted by the whole medical corps of both armies, without
regard to those habits of country, & prejudices of education,
which have so much influence in the generality of cases.—
The efficacy of this class of medicines ^{is} equally attested by
the East & West India practitioners, as well as by those
of our own country, where the bilious fevers prevail to
a wide extent, ^{are} marked by great violence of symptoms.



Determining from my own ~~experience~~^{observation} I should say, that when early administered, they hardly ever fail to check the disease; and that in the advanced stage, by their operation when ~~emetics~~ free & copious, the pulse is reduced, the pain in the head relieved, sickness of the stomach quieted, the temperature of the surface lowered, and diaphoresis produced, by which the patient is quieted, & the critical solution of the fever hastened.

But when emetics cannot be administered, either from the prejudice of the patient, or some peculiarity of his constitution, or predisposition to apoplexy; or after active vomiting, we may with propriety and advantage recur to the use of purges. Combinations of calomel with some of the Drastic cathartics, as Jallate, Rheiubarb, or Gamboge, will succeed best in the commencement of continued fevers. It is a favorite practice with some, when the stomach is loaded with bilious accumulations, to unite emetics with purges, so as to induce an artificial Cholera Morbus, or as the sailors say, to clear the ship fore & aft. Of the utility of this plan there can be no doubt. It has occasionally been resorted to in the bilious fevers of this city with success; & it

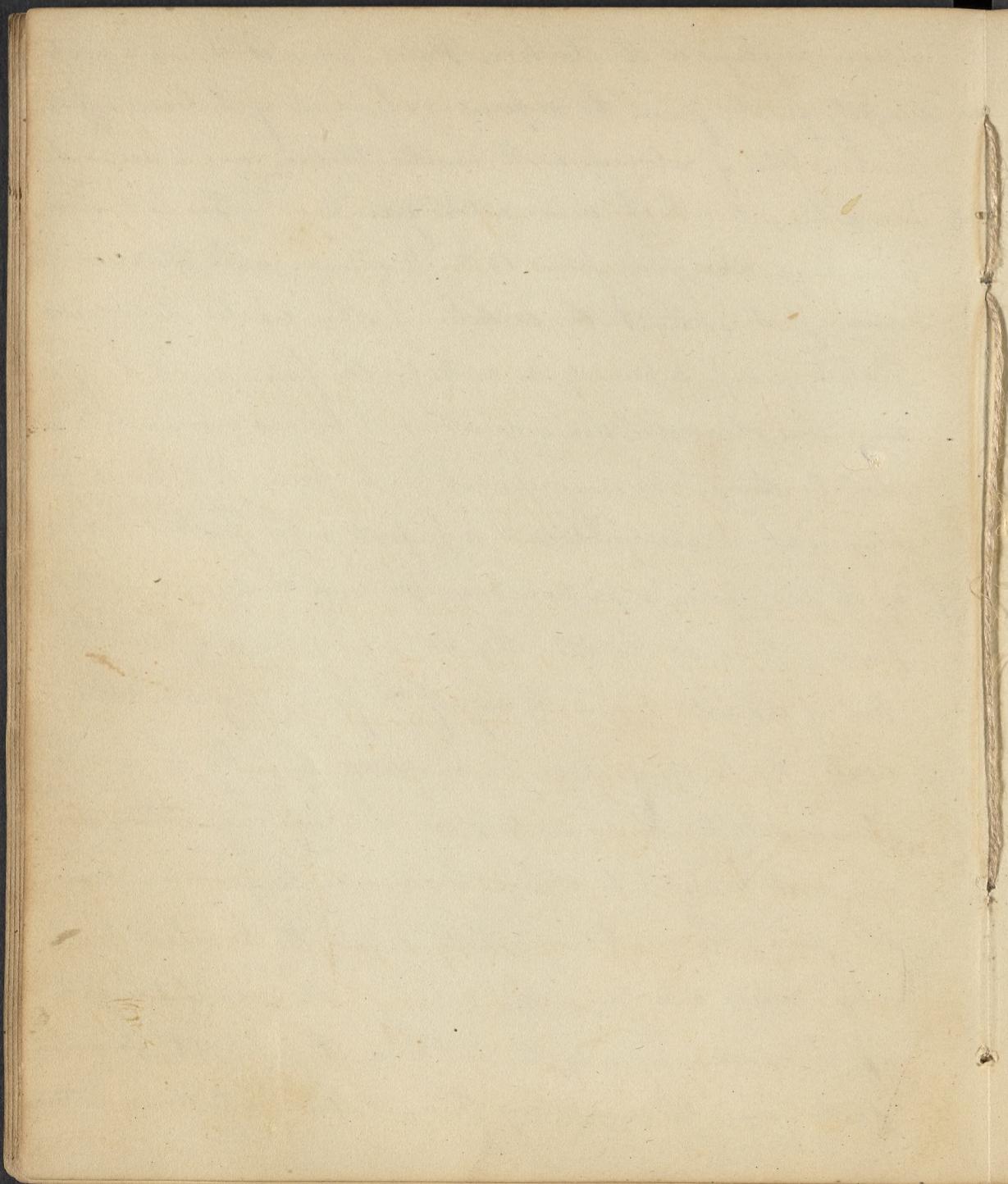


is more employed in the Southern States, where it there is a greater necessity for it, from the superior virulence of bilious affections. Combinations of calomel with emetic tartar, are commonly prescribed, to which some add gamboge. [This last alone,

in a large dose, say from 10 to 12 grains, will produce this ~~same~~ effect, without the addition of other emetic medicines.

But to justify a remedy so violent, the fever must be of a dangerous character, and indications of bilious accumulation must be strong, and unequivocal. — In prescribing purges, if delay is at all admissible, it is proper to wait for that period of the fever, when a partial remission of the symptoms takes place. Given at this time they act powerfully & efficiently.

But if exhibited during the rage of the fever, they are either rejected by the stomach or lie inactive. — By the purges above detailed the alimentary canal being evacuated, we are next to resort to saline laxatives. Employed in moderate doses, they are beneficial by keeping the bowels in a soluble state; and from their action on the exhalent vessels of the inner surface of the intestines, they detract its watery parts from the circulatory fluid, & thus keep down arteri-



al excitement, and produced a diminution of the violence of the paroxysm. Of the saline purges the best have been mentioned already. A former prescription very much used by myself & other practitioners of this city is the following:-

Take of Glauber's salts 3*ij.*

+ Emetic tartar — *iii.* { Mix them well

Lemon or lime juice } 3*ij.* { together.
or sharp Vinegar 8*ij.*

+ Water — 3*vii.*

The dose of this mixture is a table-spoon full every 1, 2, or 3 hours, according to circumstances. It keeps the bowels in a laxative state, produces a mild diaphoresis, induces arterial action, & relieves to the patient the sense of suffocation.

+ As co-operating ~~with~~ ^{remedies} emetics are not to be overlooked. They are useful for the purpose of promoting the action of purges. They are also beneficial as a substitute for these medicines when they cannot be retained. They are also employed as succedanea for cathartics, when the alimentary canal has been much evacuated. Several formulae have been used; the best for common purposes is that which I will now mention. Take a pint of water, a table-spoon

or the thin mucilage of gum arabic
or flax seed.

obliged on castor.

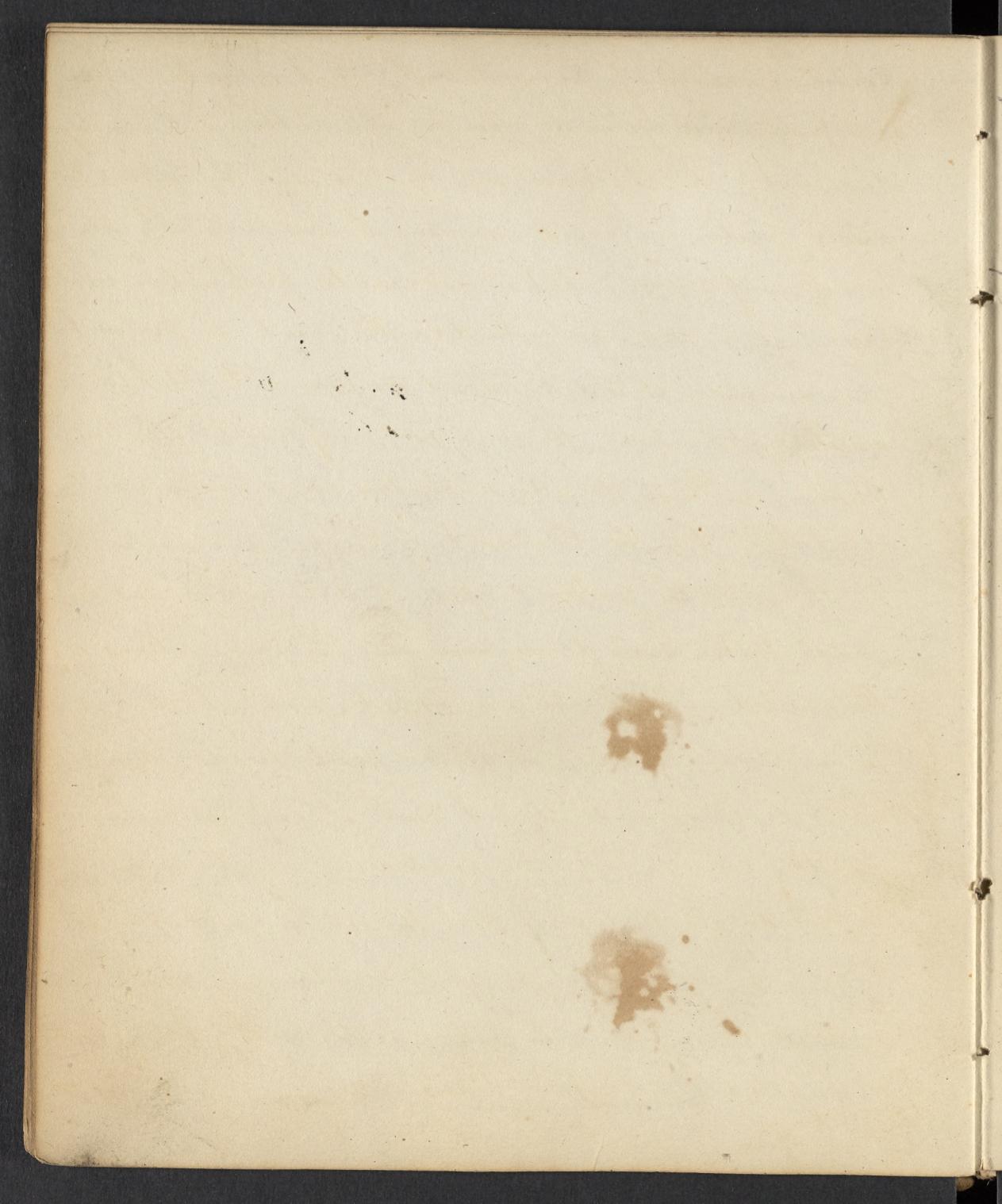
full of common salt, and the same quantity of oil, & molasses.
Mix them together, & inject them. - When you wish an enema a little more stimulant, or when there is flatulence in
the bowels, as often happens in the close of fever, the Turpentine-
nitrate injection is ~~as~~ well adapted to the case. It is made
by ~~and~~ mixing a table-spoon full of oil of Turpentine, with
the white & yolk of an egg, & adding a pint of water. It
relieves flatulence more speedily & effectually than any remedy
which I have ever tried, and in this way affords great com-
fort to the patient.)

Sec. By the combined operation of the remedies already
mentioned, the excitement of the system being sufficiently reduced,
we are next to employ those medicines which are calculated
to produce perspiration. Of all the modes of managing fevers,
the practice of sweating is ^{by far the} most popular & general. By the
vulgar on all occasions this is esteemed safe, and most ef-
fectual. Nor is the opinion confined to the low & illiterate
orders of mankind. Every class of society acquiesce in the
prejudice, and entertain nearly the same views. It is obvious,
however, that remedies which act so powerfully ~~on~~ on the

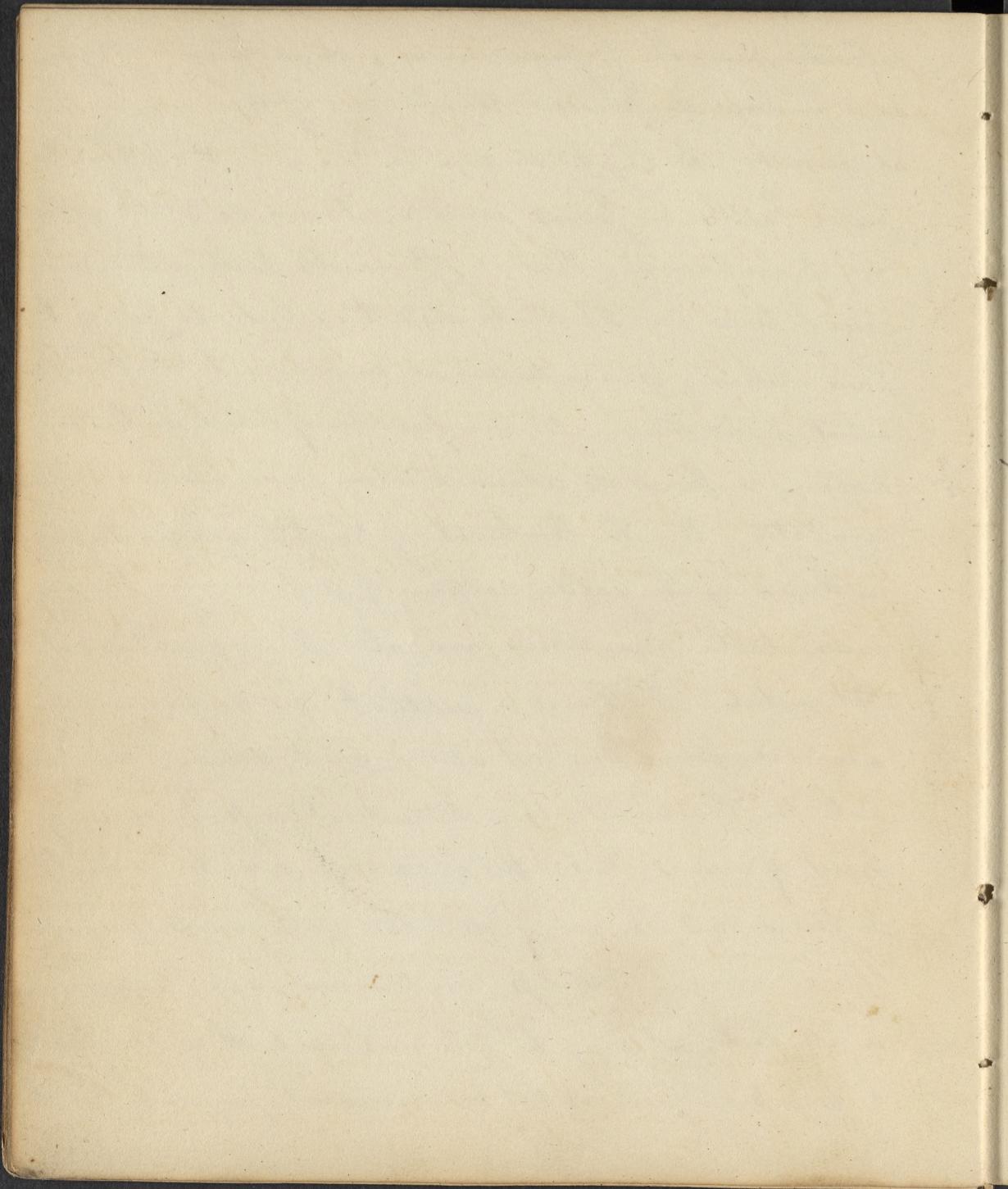
and body

system as many Diaphoretics are apt to do, should not be wantonly trifled with, or inconsiderately employed. On the contrary, they should never be used in inflammatory fever, till arterial action, and general excitement have been reduced by venesection, & evacuation from the Alimentary Canal.

~~book~~ Diaphoretics then come in with advantage, and mitigate the disease, or arrest its further progress. Even here, however, only the milder articles should be employed; and these should be combined with auxiliary means which have the same tendency. As a general precept, from which you must never deviate, it may be stated, that in inflammatory fevers, we are rather to solicit perspiration by lenient means, than to extort it by violent measures. To bring a continued fever to a crisis, the antimonial preparations are now generally preferred. Early introduced into the practice of medicine with this view, they were occasionally prescribed with variable results, till their efficacy was declared by Hoffman, and their employment sanctioned by the still higher authority of Bullen & Fordyce. Chemically combined Antimony affords an

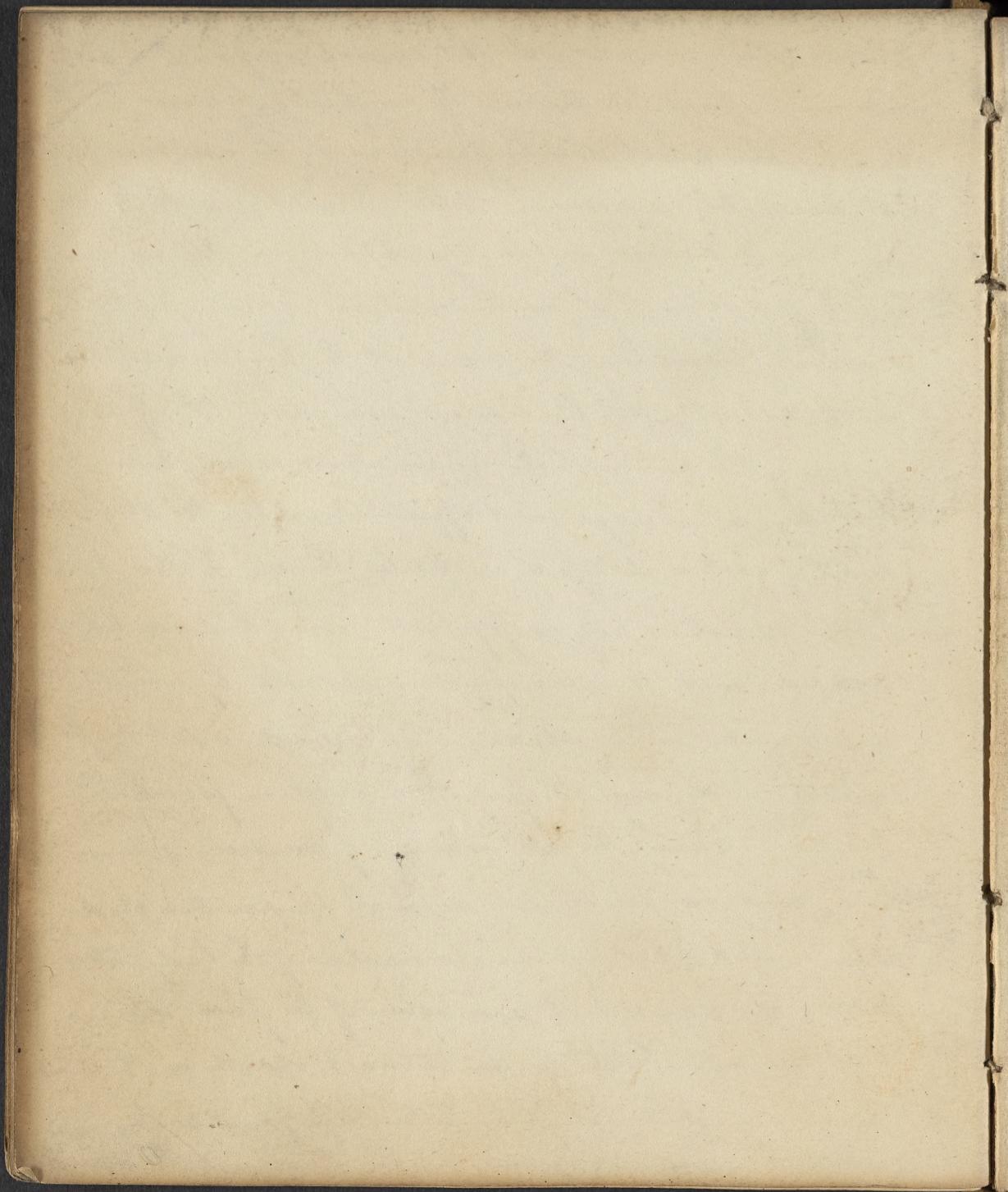


+ infinite number of preparations. Each may be so given
as to produce diaphoresis, though few of them are employed
at present. In England even to this time, the celebrated
pulvis Jacobii, or James powder, claims no small por-
tion of confidence. That it often excites perspiration in
cases of fever, can hardly be disputed; but, so far as I
have observed, it is in no respect superior to its kindred
article preparation, the composition of which is better
known, & hence its administration more easily & certainly
regulated. On the Continent of Europe, and particularly
in France, the golden Sulphur of Antimony has an
indisputable ascendancy over all the preparations of
that metal. Whether it is entitled to this confidence my
own experience does not allow me to decide. Compared
with the Emetic-Tartar, I think it inferior in every
point of view. This latter medicine may be made to
supersede all the rest of the antimonial preparations.
Nearly tasteless, quite inodorous, and nimble
in its dose, it may be administered with greater facility
& perhaps equal, if not transcendent powers. Of the

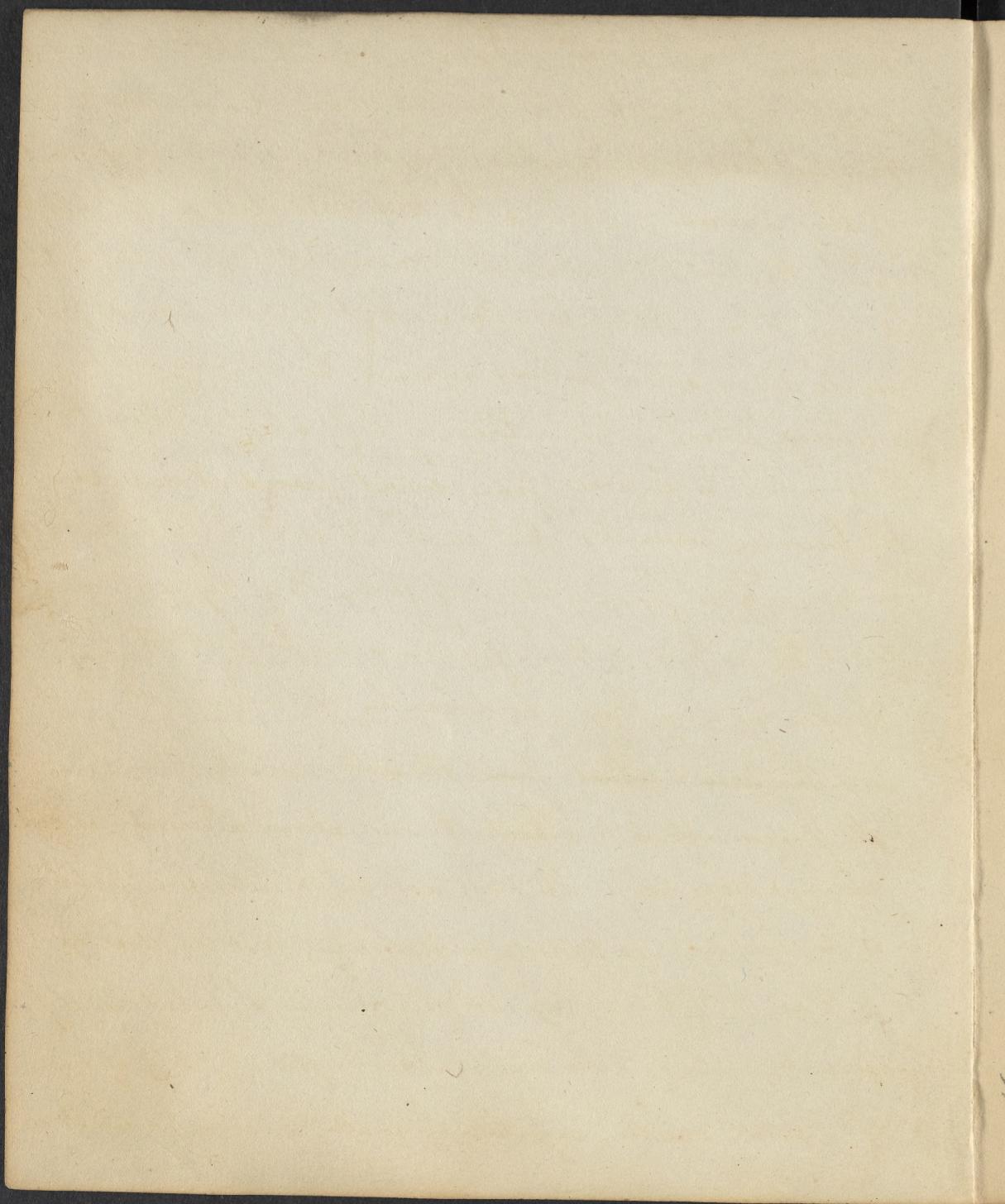


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precise manner in which the several preparations of antimony operate in the cure of continued fevers, or of the principles which should guide us in its use, we are not accurately informed. Cullen maintains that they are of no advantage unless they vomit, or produce considerable nausea. But, on the contrary, it is asserted by Foddyce, than whom there cannot be higher authority on the subject, that by exciting vomiting, the febrifuge powers of the antimonial preparations are impaired, & that they are always most effectual, when the slightest degree of gastric distress is created by them. To this point I have directed a very careful attention; and am led to coincide with the latter opinion. Nausea by whatever means excited, or in whatever way induced, is not in itself salutary in disposing the fever to a crisis or favourable solution. During the continuance of nausea, arterial action, muscular power, and animal temperature are undoubt-
edly lowered; but afterward a reaction of the body takes place, and a consequent exacerbation of the fever take place. But did such a state of the stomach operate in the bene-
ficial way contended for by Cullen, and practitioners generally,



The utility of the medicine should be proportionate to the effect thus created; and various other diaphoretics infinitely more violent & lasting in their ^{operating} ~~nauseating~~ effect, as digitalis, tobacco, Squill &c. ~~ought~~ ought to be preferred. But this is contradicted by the lessons of experience, and the united voice of practitioners in every country. Medicines do good in few, by exciting their own specific or peculiar action, and when they disorder the stomach by nausea or vomiting, they depart from this; and if not poisonous, are always productive of more or less mischief. To illustrate this would be easy; but it would take up much of our time, & it cannot be required by any one who will direct or has directed his mind to the subject. - Many of the febrifuge medicines, as the effervescent draught, the neutral mixture &c. are very useful in subduing febrile action, whose principal effect of which is ~~sluggish~~ Sluggish. There are many febrifuge Medicines, as the effervescent draught, the neutral mixture &c. the principal effect of which is to subdue nausea & vomiting, and to ~~support~~ ^{partake in} the tone of the stomach. But while I contend that the antimonial preparations, like ^{Mercury} ~~these~~ lead, arsenic, bark &c. act by a peculiar power,



I conceive, ~~that~~, ^{this is the case with} as the articles just enumerated, their effect will be proportionate to the quantity taken, provided they produce their genuine mode of action, which is independent of any name. Curious as these views are in speculation, they are inconceivably more interesting when applied to practice. Let it be allowed that they are correct, and we do away all objections against the employment of a remedy, which is undeniably of high utility. Nevertheless it is not to be inferred from what ~~precede~~ I have said, the preceding remarks, that we should not apply to emetics in the early or foaming stage of fever. Here they act on different principles, & their efficacy is too well attested to be shaken by any thing which can be said against it. To obtain the ~~precise~~ effect from the antimonial medicines the precise effect to which I have above alluded, is not always very easy. The stomach in the febrile affections is so various as regards irritability, that the dose as well as the intervening time² are very different in different persons. As a general rule from $\frac{1}{10}$ to $\frac{1}{6}$ of a grain of tartar emetic, dissolved in water, & uniting with a

* Sp. mindero

little cochineal to give it colour may be taken every
2 or 3 hrs. according to ^{the nature of the case.} circumstances. But some stomachs are so irritable that they can retain it under no circumstances, and here we must have recourse to other medicines. Of these the best is the saline or neutral mixture, which is prepared as follows. —

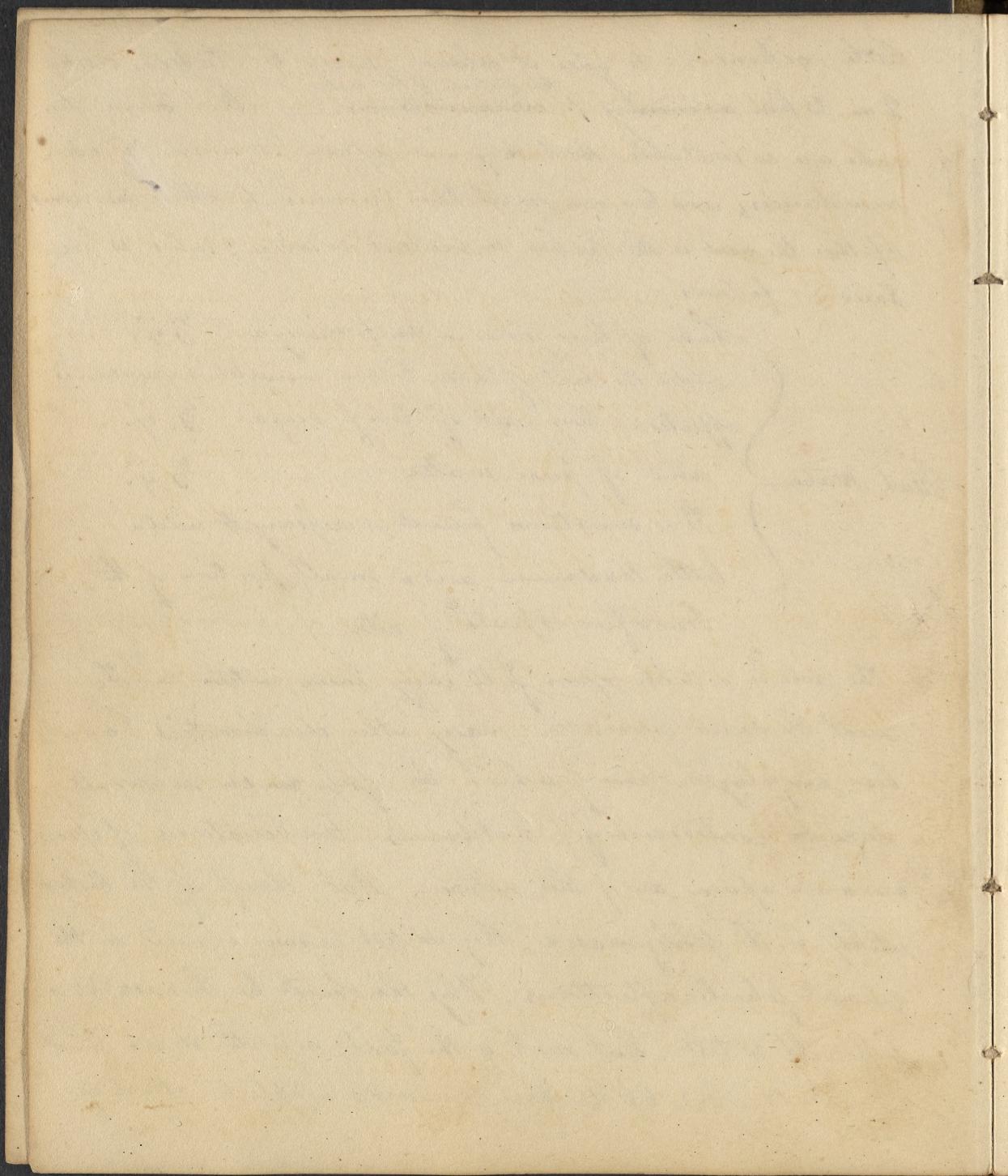
Take of lime juice or sharp vinegar 3 ij.

Add the salt of tartar till a complete saturation is effected: — then add of loaf sugar 3. ij.

Neut. Mixture. and of pure water — — — 3 ij.

It is sometimes found necessary to add a little laudanum, and a small portion of the Dulcified Spirits of nitre.

The dose is a table spoon full every hour, or two. — To meet the same indication many other diaphoretics have been employed, some of which possess ~~in~~ in no small degree the confidence of practitioners. Combinations of ipecacuanha and opium are of this nature. But, though of the highest utility in the phlegmasiae, they do not answer so well in the general febrile affections. Why this should be the case, it is difficult to tell; but such is the fact, & with it we must be content. Set up do these remarks apply to others of



the same class. Most of them act as promptly & copiously as the antinomials preparations: but the perspiration they excite, is not so salutary ~~nor~~ powerful in arresting the progress of continued fever. In this fact we find new reason for ^{the} ~~the~~ supposition, that the tartar emetic possess specific febrile powers, independent of diaphoresis, or nausea. Certain it is that the efficacy of the antinomials, is not proportionate to the degree of perspiration excited.

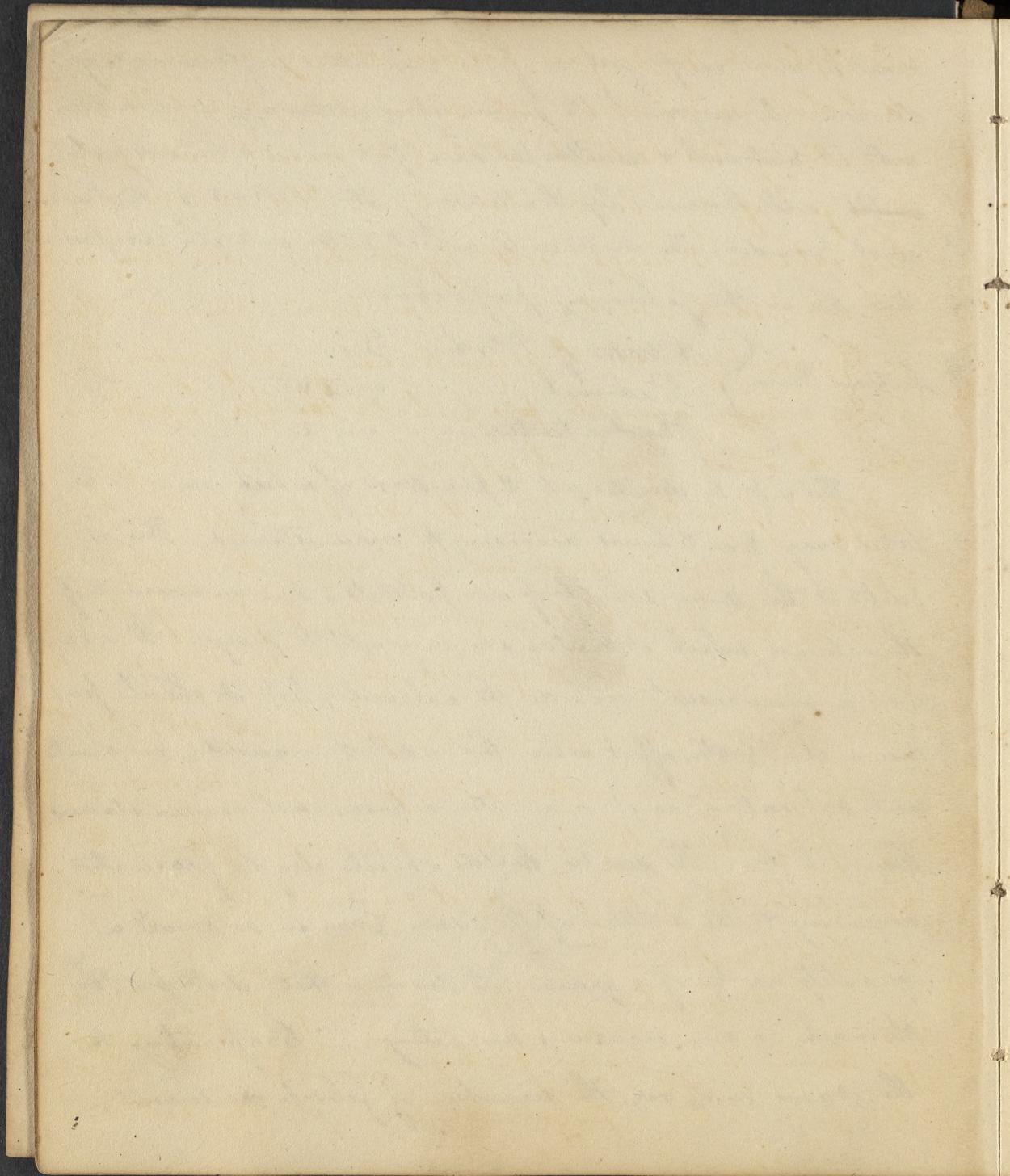
Notwithstanding all that has been said of sweating in the management of fevers, some practitioners hardly ever recur to this plan. By them the neutral salts, or refrigerants are preferred. The precise modus operandi of these medicines is not understood. Attempts were made by a late writer to explain their operation on chemical principles. Though this hypothesis is not without plausibility, it yet it does not afford us a solution of the difficulty. But whatever may be their method of operating, the Refrigerants reduce arterial excitement, lower animal temperature, and partially relax the surface, though they rarely occasion any perspiration. The principal article of the class is the nitrate of tartar; & no med-

have known, indeed, in more than one
instance, a single dose of the powder
to have this effect.

icine is more employed in fever and other inflammatory diseases. To augment its power, it is customary to combine with it calomel & emetic tartar, forming a combination well known by the name of the nitrous or antiseptical powder. The ingredients which enter into its composition are in the following proportions.

Antem. Powder	Nitrate of Potash -	3 i.
	Calomel -	grm. XVI
	Emetic tartar -	grm. i.

This is to be divided into 8 powders; of which one is to be taken every 2 or 3 hours according to circumstances. This is suited to the more robust of our patients, and on account of the calomel which it contains is very apt to purge. It is prudent in some cases to exclude the calomel, lest it should produce a cathartic effect where this is not demanded, or should excite salivation as it is sometimes under such circumstances known to do. — The emetic tartar should also be graduated according to the nature of the case. Even in so small a quantity as $\frac{1}{8}$ of a grain, it may then distress the stomach, & even occasions vomiting. — Cooperating to the same end, viz. the reduction of febrile excitement,



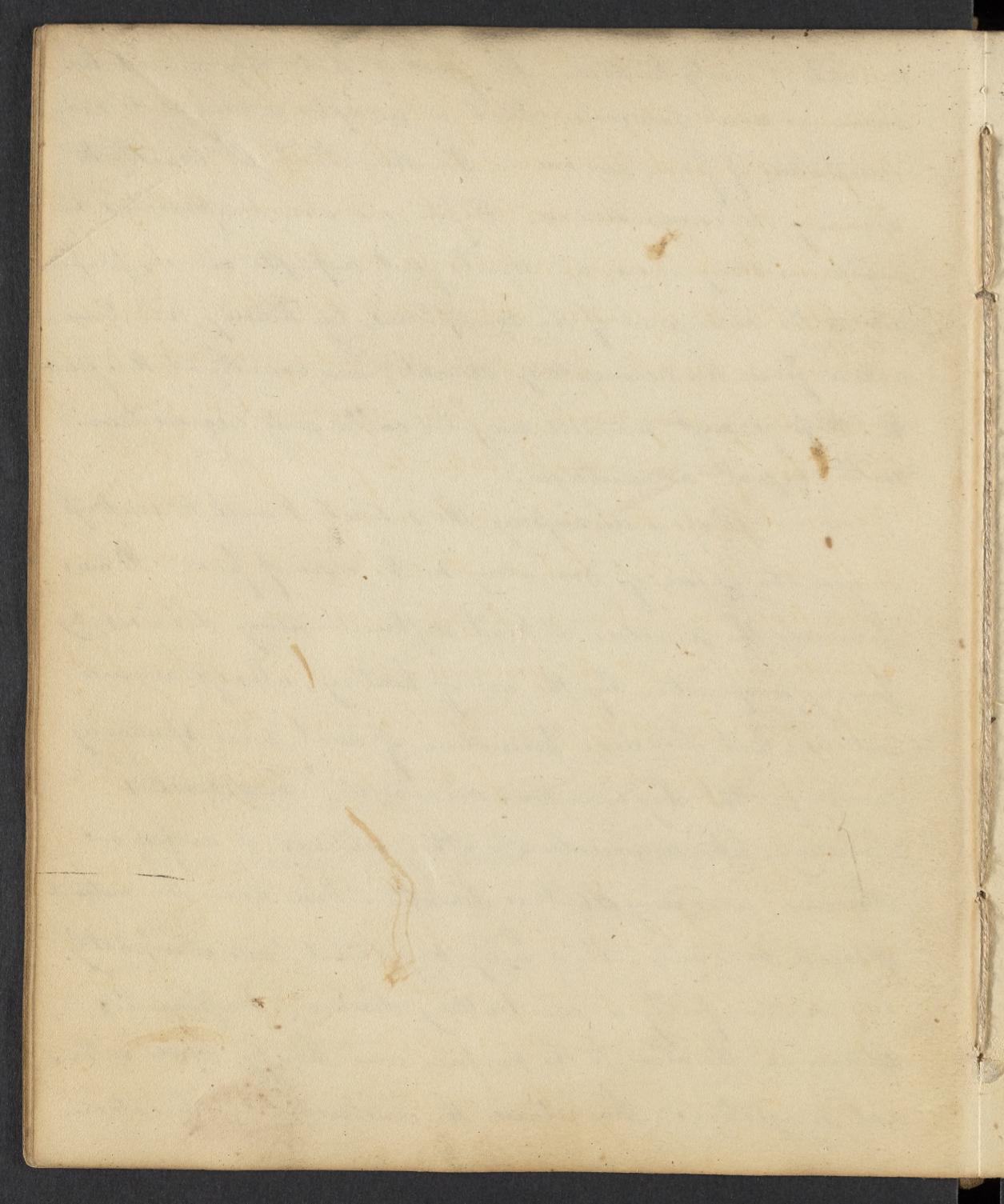
* cold applied to the surface has been strongly recommended.
As I shall subsequently enter more at length into the con-
sideration of this subject, I shall at present anticipate
very few of my future observations. This remedy may
be applied in 3 ways; - either by ablation, aspersions, or
affusion, each adapted to peculiar circumstances. But
in the case before us I prefer the use of the sponge. It
is much more agreeable, & perhaps less hazardous
than the others. But cold applications are never called for,
unless the pulse is active, and the skin hot & dry; and here
they are very useful. Under ~~an~~ they remove the uncomfortable
sensation caused by a heated surface, lessen the force of the
circulation, induce mits diaphoresis, and soothe that restlessness
whict is a general accompaniment of febrile diseases. But
under any other circumstances, & especially in the advanced
stage of the disease they are useless & even pernicious; as the
system exhausted by the fever, ~~is~~ it would at that period be
unable to react.

As described, such is an outline of the two plans
for treating fever, one ^{the} refrigerating, the other ^{the} sweating plan.
This is not the place for instituting a comparison between
them;

* Supply the following - But it is wrong to reason against
the employment of an article from its abuse. -

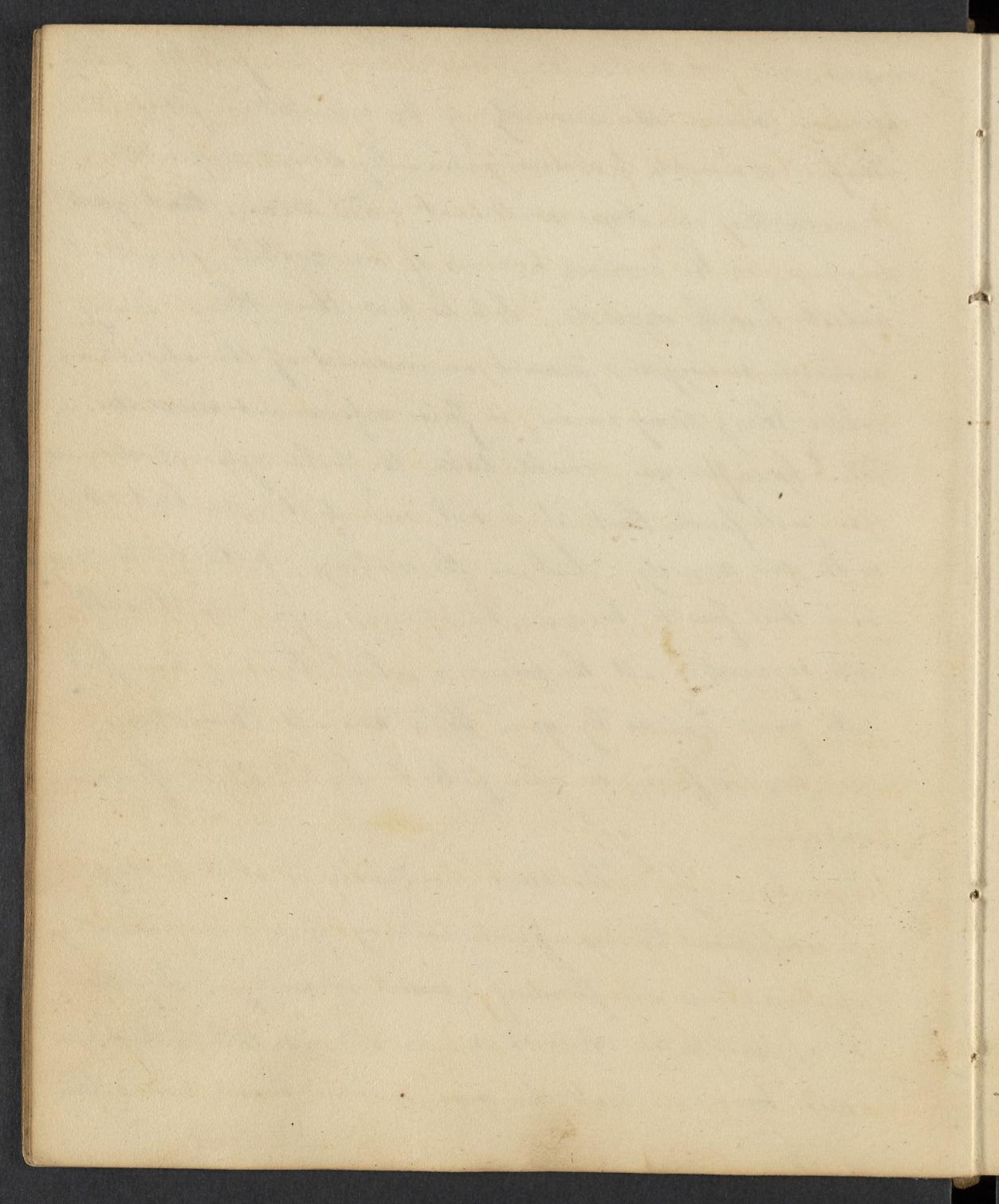
nor could it easily be done. The fact is that they cannot be viewed as rival measures. Each is adapted to different circumstances of fever, and one or the other should be resorted to according to circumstances. Before we use diaphoretics in inflammatory cases, we should first deplete ~~as~~ in proportion to the vehemence of the symptoms, by bleeding, and evacuation from the alimentary canal; and exactly at this point the Refrigerant remedies may be called into requisition with signal advantage.]

Before dismissing the subject I wish to impress on you the value of sweating in the cure of fever. It was formerly the practice to treat inflammatory diseases, by forcing perspiration by the use of heating, aereopharmic articles; but these were productive of such wide spreading mischief, that they were soon discarded. * Diaphoretics Sweating, like venesection & other remedies, is useful or otherwise, according as it is directed. When under the control of sound discretion, it is highly important, and indisputably acts ~~as~~ powerfully in combatting disease. Diaphoretics determine the blood to the surface, and thereby open internal congestions; they relieve the constriction of the extreme



vapors, and thus render the patient more comfortable; they moreover reduce the quantity of the circulating fluid, & therefore diminish arterial action by direct depletion. Finally, they equalize excitement; and retain that just equipoise in the various actions of our system, on which perfect health depends. Let us not then throw away remedies so useful, ~~from~~ on account of the objections which theory may raise, or false refinement indicate. — When hereafter you shall take the field against disease, you will find that it is not enough to combat them with one remedy: but, on the contrary, to be victorious over them ~~for~~ to human happiness, you must call into requisition all the resources which have ~~been~~ been put into your hands by your God; and all those which can ^{be} derived from a competent knowledge of your art.

L. / We have now arrived at that stage of continued bilious inflammatory fever, when vesicating applications are ^{of} greatest advantage. They should be applied to the extremities, sometimes both to the upper and lower. But by some modern practitioners, this



Xters are altogether condemned, and strongly prohibited in this fever.
of those who entertain such views, by far the most distin-
guished by weight of authority, is the celebrated Gordyee.
It was one of the sayings of that great man, that vesica-
ting applications ~~are~~ have not the slightest effect in
arresting the progress of fever; but on the contrary, they never
fail, by ~~exciting~~ creating an additional excitement, to
occasion an exacerbation of the disease. It seems to me
not very difficult to reconcile the contrariety of sentiments,
that has prevailed on this point. Nothing is more different
than the effects which arise from blisters applied in the early
and latter stages of disease. They never fail, I believe, to
do harm when there is much arterial action & febrile
excitement; and it is not less ascertained that they are of the
utmost utility, in a reduced condition of the system. Let
the system body be depleted by venesection, emetics, and
purges; and then resort to blisters. They quiet the pulse, equal-
ize excitement, put an end to the broken action of disease,
& establish the regular order of health.

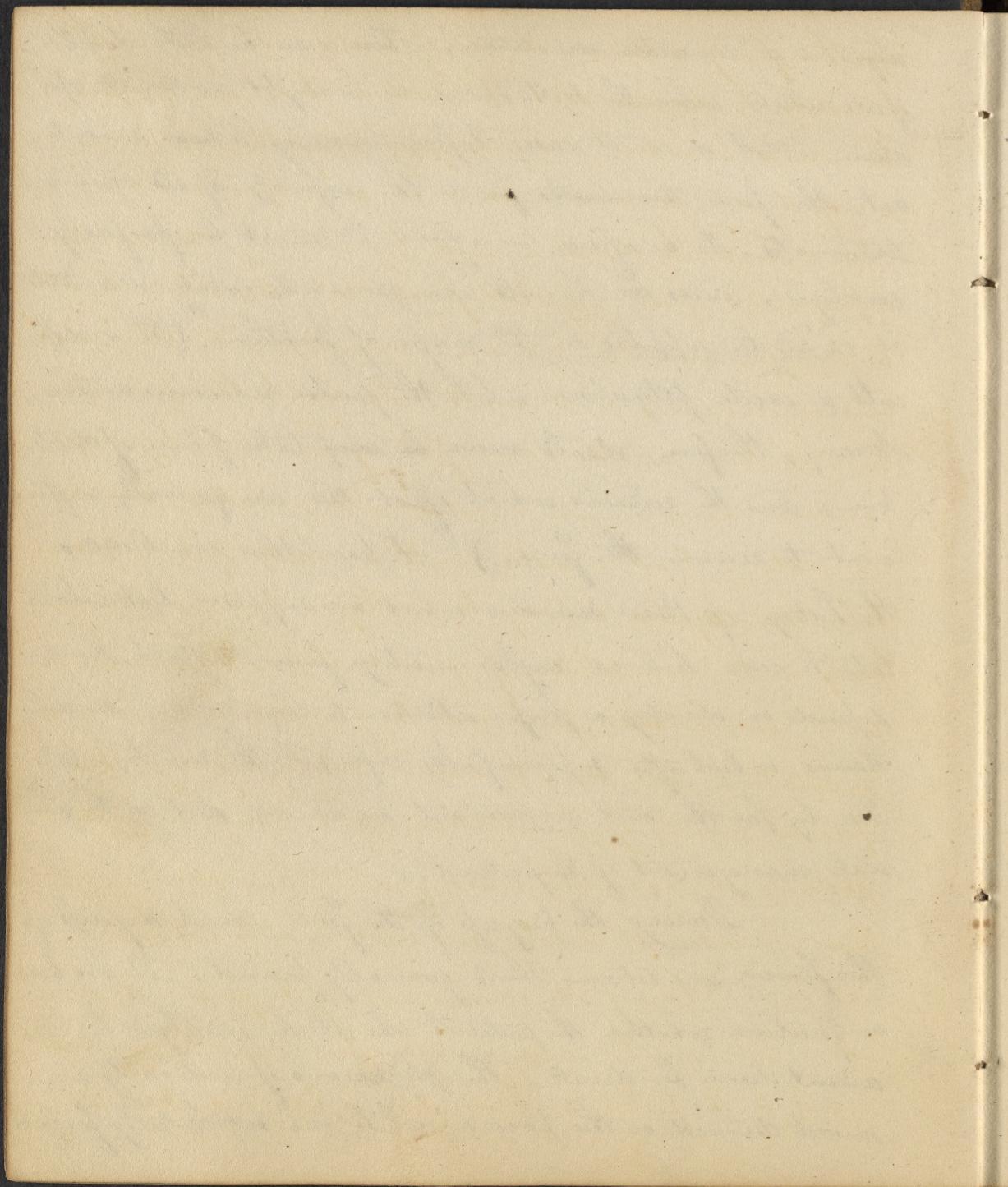
X After the remedies above enumerated have proved
unavailing, much confidence is placed in Mercury

*

From the notes of last year.

urged to a moderate salivation. There can be little doubt of its utility, when the system can be brought under its operation. But in most cases, before mercury is ~~too~~ made to act, the fever, terminated from the rapidity of its career, terminates. To be of use, therefore, it must be profusely employed, and as the bowels are generally weak & irritable, it should be applied in the shape of friction. (It is difficult to excite polyalism while the pulse remains active. Mercury, therefore, should never ~~be~~ take place of depletion; and the remedies which effect this, are generally sufficient to remove the fever.) I have thus concluded the history of those remedies which are supposed best calculated to cure bilious inflammatory fevers. Much, however, depends on directing a proper attention to those minor circumstances, which often so powerfully influence the result. — Of these by far the most important are drink, diet, & the general management of the patient.

During the progress of the fever, much dryness of the fauces, and extreme thirst generally prevail. It has been a question whether the patient should be indulged in his ardent desire for drink. The physicians of antiquity were much divided on this point; while one set totally forbade



+ another freely allowed the use of water. It requires little sagacity to discover that the medium between the two, is the correct practice. By denying altogether the occasional use of drink, we shall cause great anxiety & distress, & thus increase the disease; and by allowing the unrestrained employment of it, we shall find that the stomach will be dulled, and certain nausea & vomiting, with other mischievous consequences will result. We should, therefore, direct now & then, a table-spoon full of ^{some} acidulated beverage, as lemon-ade, vinegar & water, apple-water, and tamarind water. Toasts & water, with a variety of herb tea, as balm tea, sage tea &c. may be employed. You may also give barley-water, & a solution of Gum arabic. Even common water ~~may be used~~, provided the quantity is small, & the temperature not too cold, should not be refused. It is a precept worthy of your attention, that drink in moderate portions, & moderately warm, will relieve thirst quicker than if when it is cold, and inordinate taken.

* During the continuance of the fever, the drinks above enumerated will always afford sufficient nourishment to the patient. It sometimes happens that the

Sick stomach

Pain in the head

Local pains -

Restlessness & vigilance -

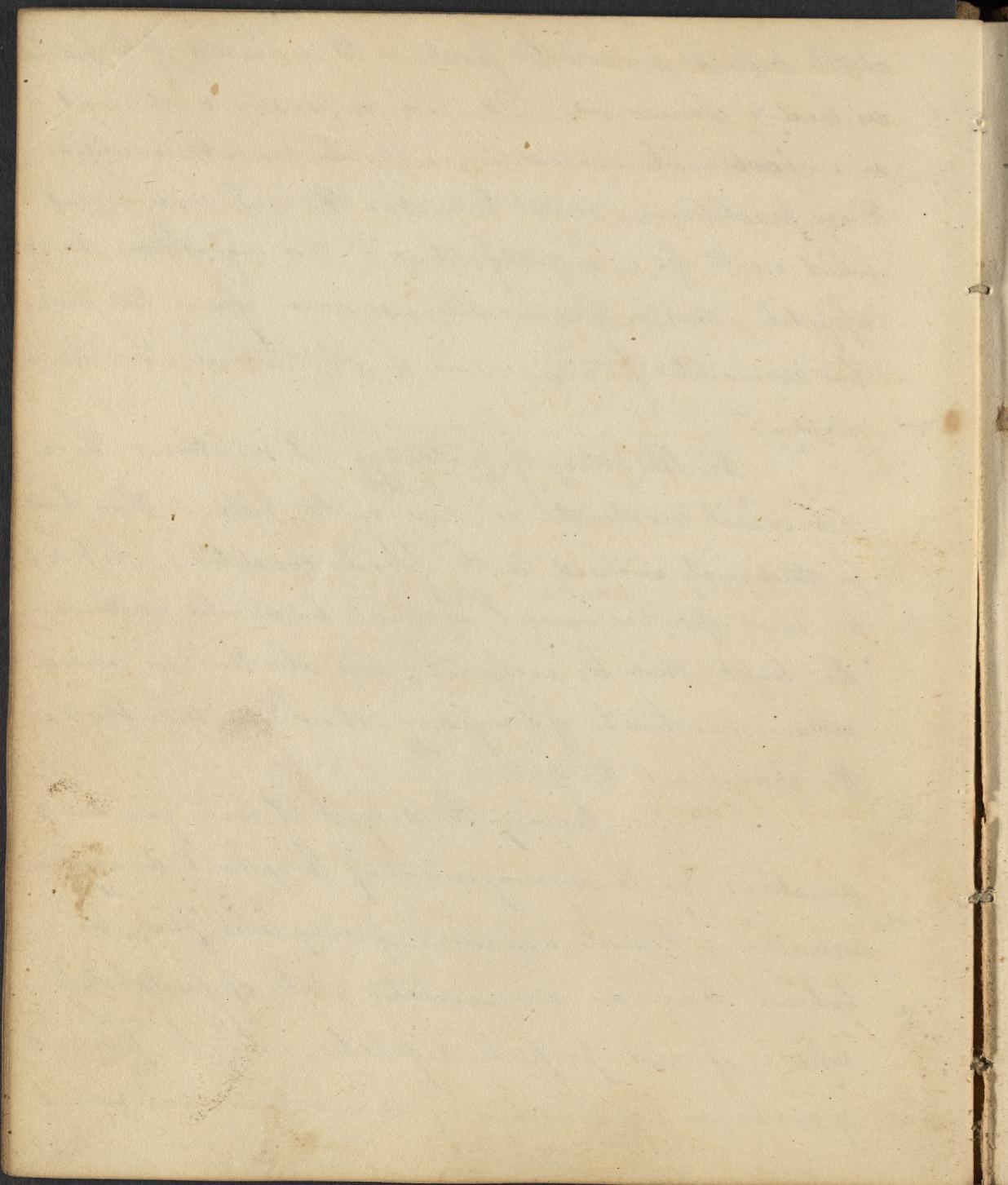
X

appetite solicits more solid food, & the demands of the patient are loud & clamorous.³ But this propensity is always an unfavourable indication, & should never be indulged. Every practitioner must have seen the evil consequences which result from a gratification of this ~~distortion~~ ^{distortion} dinar appetite; and in many instances a case from this cause has terminated fatally, which might otherwise have been cured.

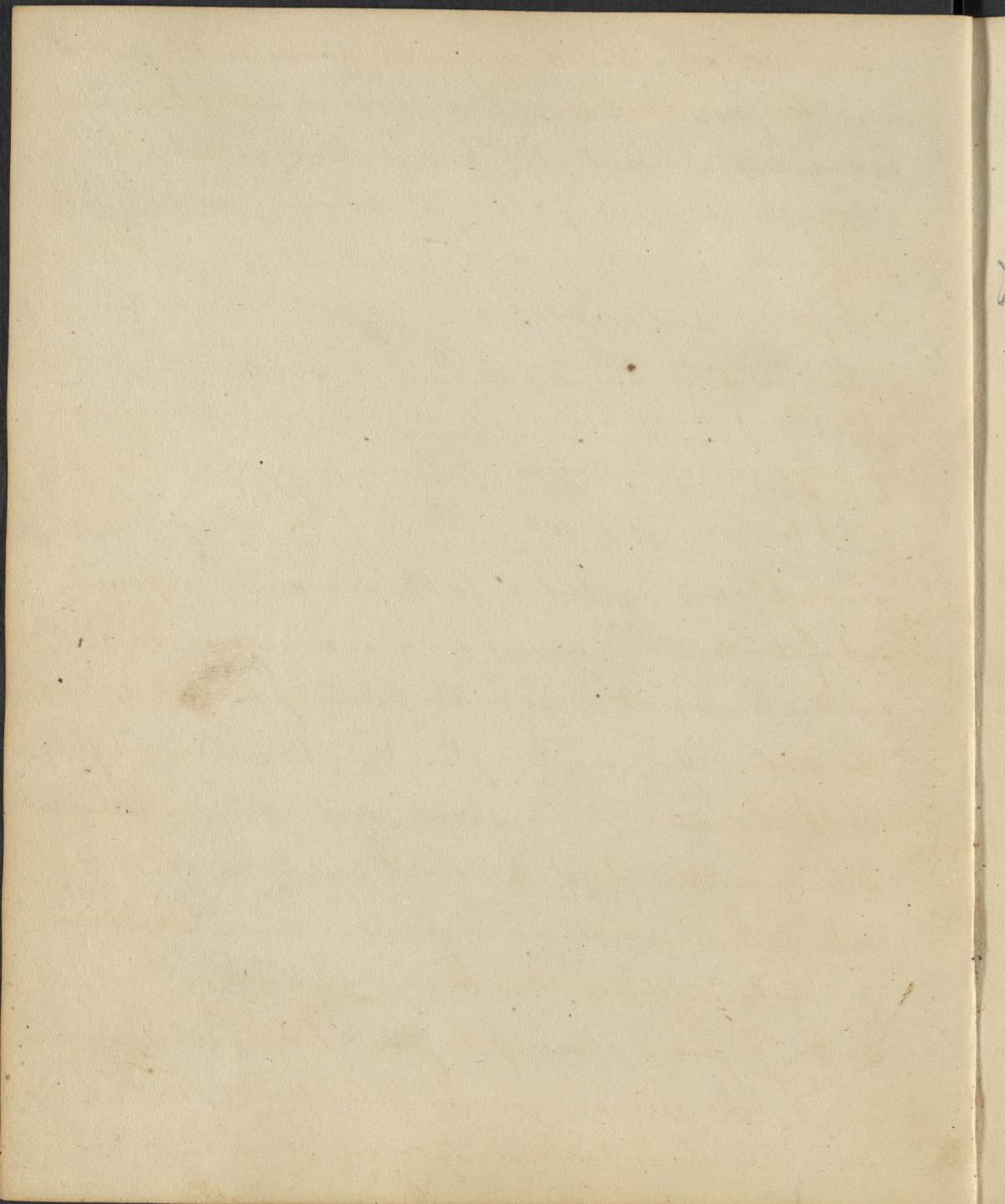
In the history of pathology, I mentioned the causes which accelerate to increase the fever. These should be studiously avoided in the febrile condition. As, perhaps, the most operative cause, ^{you} it should be directed particularly that light should be excluded; and also that no conversation, nor bustle of company should be take place in the chamber of the sick.

X

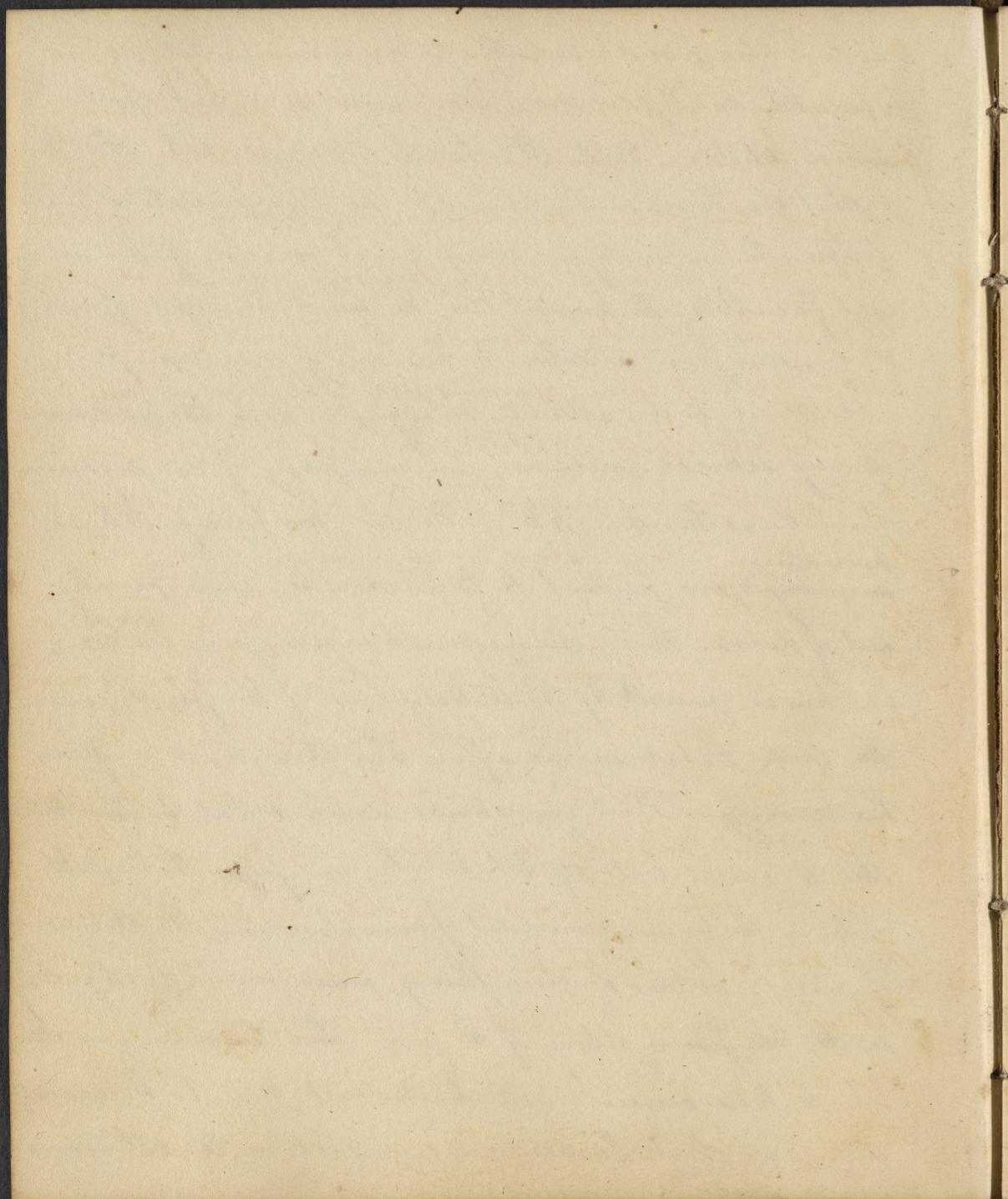
Before leaving the subject I will give some directions for the management of the patient during convalescence. Febrile affections of every description leave behind them an accumulated state of excitability, which, if not properly regulated, may be productive of a relapse; a condition of things more dangerous,



and intractable than the original disease. The first step
when the patient is recovering, is to remove him ~~either~~ ~~from~~
into another chamber, or to order that all the apparatus
of sickness, as phials, pill boxes, plasters &c. should be taken
away. By the sight of these a remembrance of his sickness
is kept up, and his spirits being depressed, retard the progress
of the cure. The changing of his shirt, & clothes has a great
effect in promoting convalescence. 2d. Be careful
to accommodate the diet, to the state of excitement. You
should begin with the farinaceous articles; & none are better
than Tapioca, arrow-root, sage, & rice. Next you
may allow eggs, or oysters raw or ~~in~~ very slightly cooked.
Boiled chicken, and any other article of a light & digestible
nature, may now be allowed. But whatever is taken
should be ^{ate} ~~set~~ in small quantities at a time. This is a
rule of extreme importance. Remember to direct that
your patient eat often, & little at once. As regards
drinks pure water is the best: but if something more
is required by the condition of the patient, or urged upon
you by his solicitations, the most suitable liquid which
you can direct, is porter very much diluted with water.



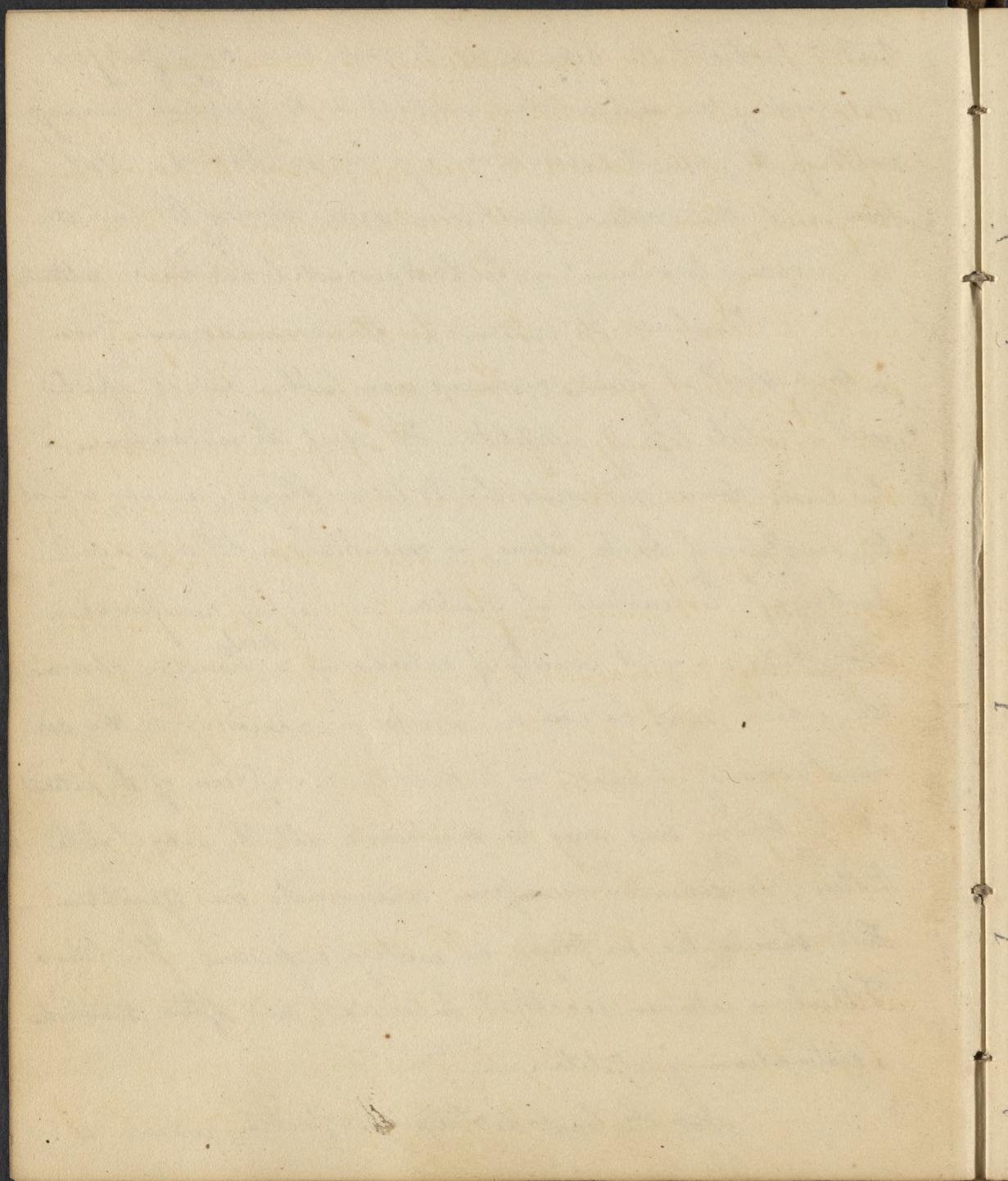
Malt liquors, and especially porter, are infinitely more agreeable, and less injurious than wine or ardent spirits, however diluted. - 3rd. It is hardly less important, that the patient should gradually return to the other pursuits & habits of life. He is especially to avoid much exercise of his intellectual faculties. To prevent this, he must be kept from study, and from attention to business of any description. Nor should he be allowed to inquire as to ~~the concerns~~ of any external concerns; and company of consequence should be eschewed. 4th. Be not too precipitate in permitting your patient to take exercise, and especially out of doors. There is always much eagerness on his side, backed in general by the intercessions of his friends, under the idea that it would afford him strength, & confirm his recovery. But you should recollect that in this state there is a great liability to take cold; and from the irritable state in the commencement of convalescence, the stimulus of riding, instead of strengthening, ~~would~~ would most probably excite ~~the~~ ^{him} a return of the fever. Even when you allow him to take exercise, you should direct that he be warmly clad; and should particularly enjoin it on the attendants



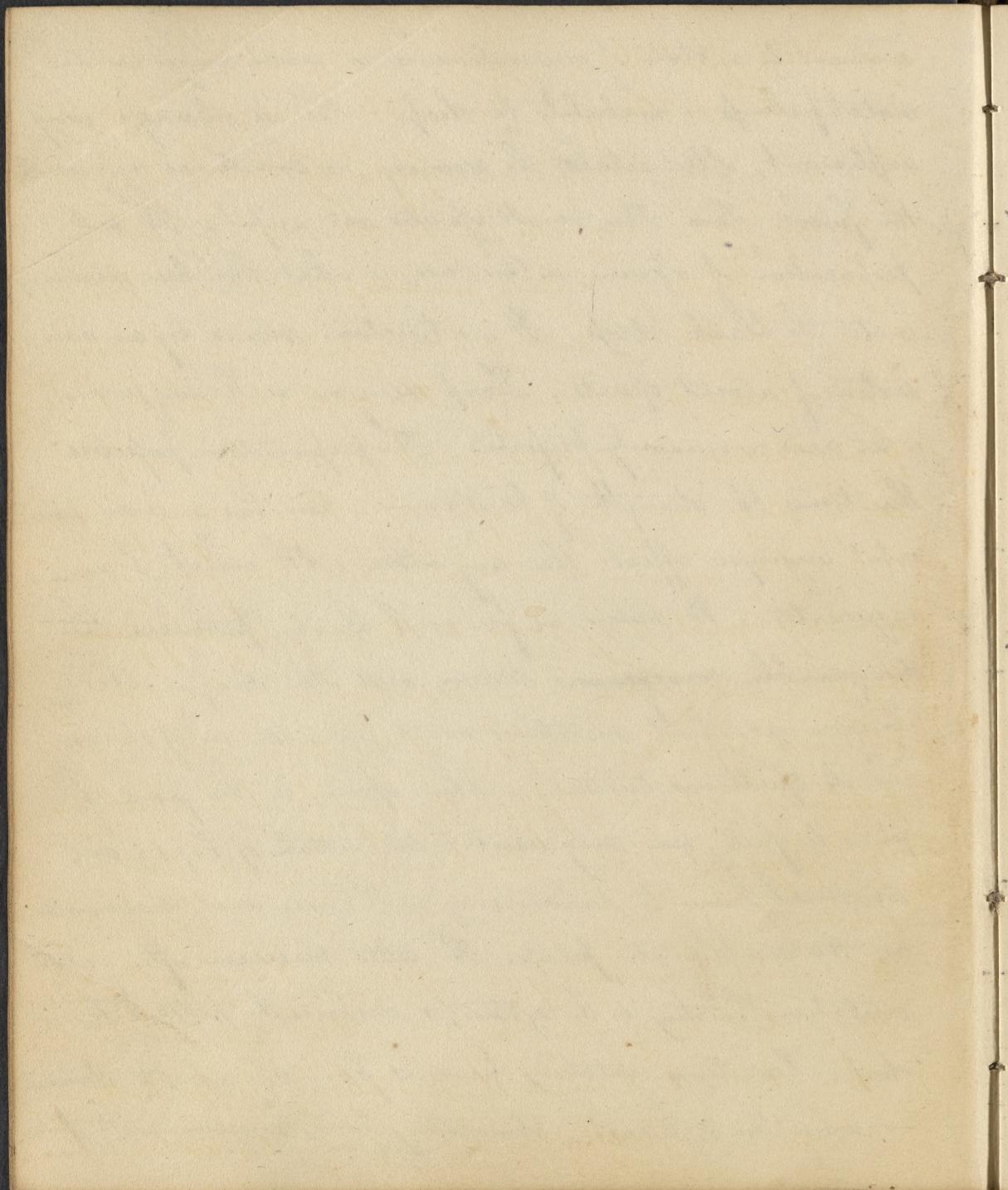
+ Not to protract the ride so as to give him any fatigue.
The preceding are instructions relative to the general management of the patient under ordinary circumstances. But now and then certain symptoms arise during the course of medical treatment, which demand particular attention.

Sometimes the patient in the convalescence from a long spell of fever, remains very feeble, and is affected with a total loss of appetite. To meet the indications in this case tonic medicines should be employed; among which the tincture of bark alone, or combined with a small portion of the tincture of gentian is highly beneficial. But there is a great variety of articles of a similar character, which may be used in succession, according to the circumstances of the case, or to the taste & caprice of the patient. As the leading ones may be mentioned all the vegetable bitters, as columbo, quassia, camomile, and gentian. These should be employed in watery infusions. The Elixer Fitrol is also an excellent medicine, and often establishes a restoration of appetite.

Not the least distressing affection which is



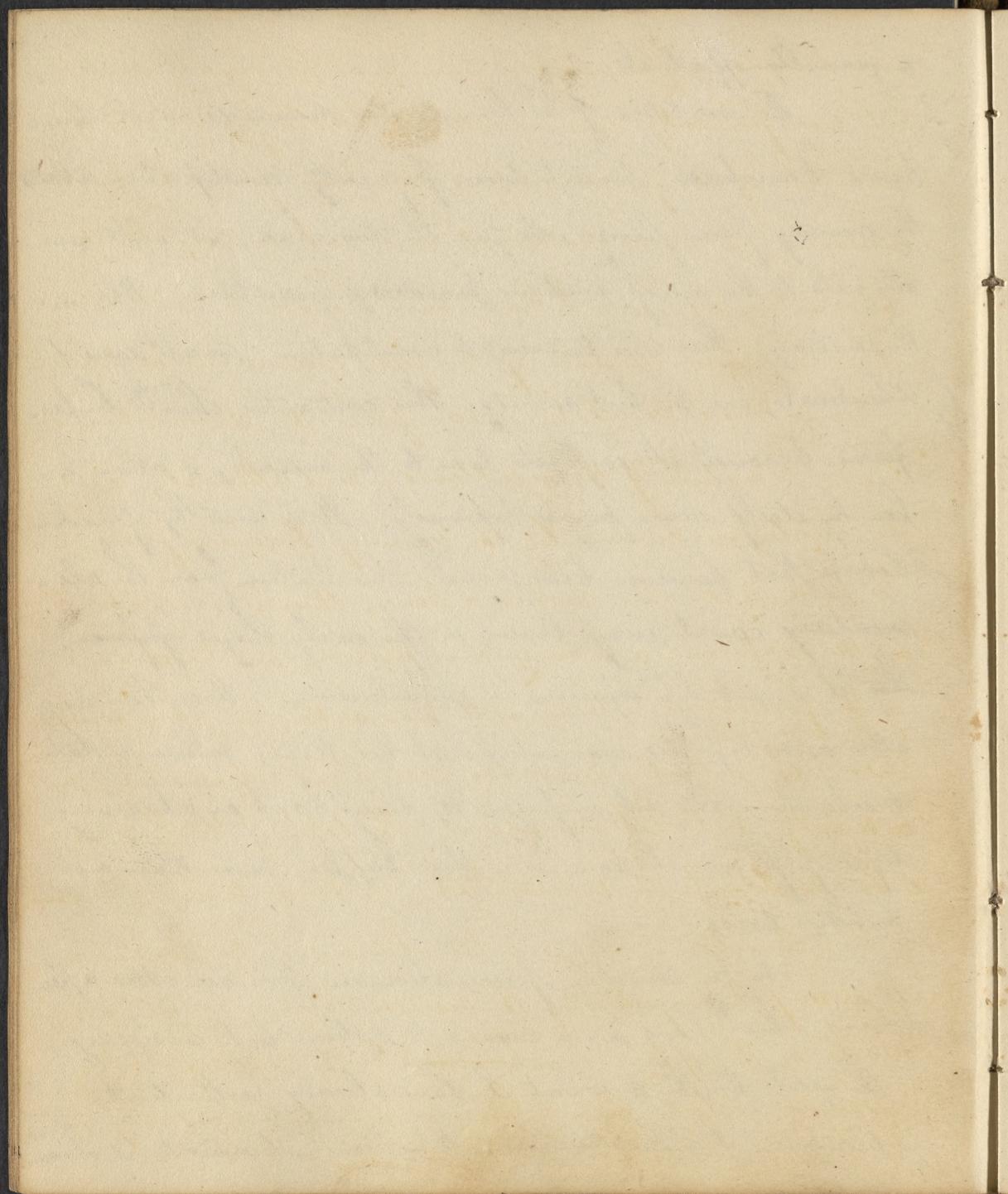
incident to a state of convalescence is much ~~more~~ ^{more} extreme
watchfulness & inability to sleep: this is always very
unpleasant, often retards the recovery, & sometimes aggravates
the fever. Here small opiates are useful. The best
preparation of opium, in this case, is what has been denomi-
nated the black-drop. It is a tincture made by an acid,
instead of ardent spirits. Sharp vinegar or lemon juice
is the acid commonly preferred. This preparation possesses
three times the strength of Laudanum, and has a more power-
ful anodyne effect than any other with which I am
acquainted. It never, as far as I know, produces the
~~disagreeable consequences~~ nausea and other disagreeable
consequences which sometimes result from the use of opium
and its spirituous tincture. - When opium in this form is
found to fail, you may resort to the tincture of hops; and,
what I know to succeed very well under such circumstan-
ces, the camphorated jalap. The latter medicinum often quietes
irritation existing in the system, & disposes the patient to
sleep. Sometimes watching proceeds from an empty stomach,
& when this is the case, stimulating food, conjunct with porter



is generally effectual.

The condition of the bowels also demands care. Sometimes diarrhoea, though more frequently constipation attends the recovery from fevers. As for the diarrhoea, it will generally yield to the use of ^{the} tartaric powder preparations. When, on the contrary, there is a tendency to constipation, small doses of Rhei bark are the best remedy. This cathartic should be preferred, because it imparts tone to the bowels, & when taken by itself never purges copiously. It is worthy of recollection, that however beneficial evacuation from the alimentary canal may prove, in the early stages of fever, ~~they~~ it is not less injurious in convalescence. More than any other cause, copious evacuations at this time, induce a state of exhaustion, and not unfrequently bring back an alarming degree of fever. I have seen this happen more than a hundred times.

In the condition of convalescence there are other affections which have some claims to notice: but considering the great length to which I have already protracted the discussion, I will detain you with only one or two additional observations.



The Bilious Inflammatory fever may terminate in Typhus;

X but more frequently runs on into a Chronic form. As the treatment of the former differs in nothing from the Diopathic disease of the same nature, I will not anticipate the observations which I shall have occasion to make hereafter.

X But the Chronic state of this fever, claims our particular

X notice. It is called Febricula, from the diminutive &

indistinct nature of the symptoms which attend it; and in
the country is known by the name of Ground fevers.

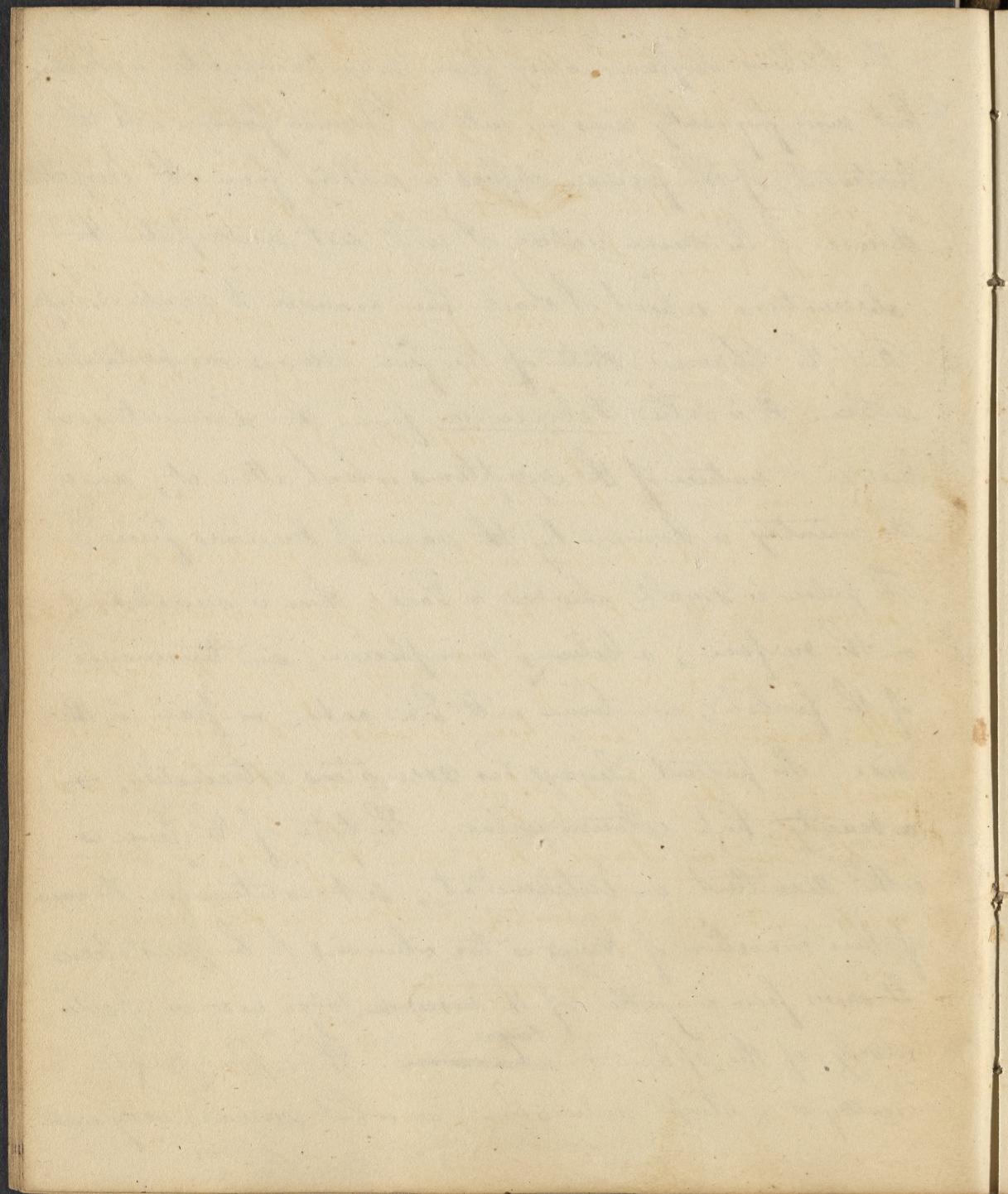
The pulse is small, checked, & hard; there is much heat

X on the surface; a bilious complexion; and twinges of the forehead, combined with head ache, or pain in the side. The patient always has desquamating extremities, &

X & scanty, high coloured urine. The type of the fever is either remittent or intermittent, not continuous. The cause of this condition of things is too obvious to be mistaken.

X It arises from congestion of the ~~various~~ large viscera, partic-

X ularly of the spleen & ^{liver} ~~abdomen~~. The appropriate remedy is a slight Galivation; or, what answers very well



as a substitute, ^{when very well}, a course of Nitric acids. A draught of the latter should be given every day for 8 or 10 days. Commonly, however, there is so much fever & pain, ^{various with the body}, that it is necessary to resort to frequent & small bleedings. Fesicating applications at this time are very important. They should be placed on the side if there is much pain: but if this is absent, and we wish to interrupt the associations on which this small fever depends, I would greatly prefer them on the wrists & ankles. It is a common practice to treat the case with tonics, particularly with Peruvian Bark. But this is highly prejudicial. It locks in the disease, instead of liberating it from the system. After evacuations have been premised the tonic medicines may then be employed: - of these by far the best is the Peruvian Bark; but when this fails, we may resort with great advantage to Fowler's solution. —

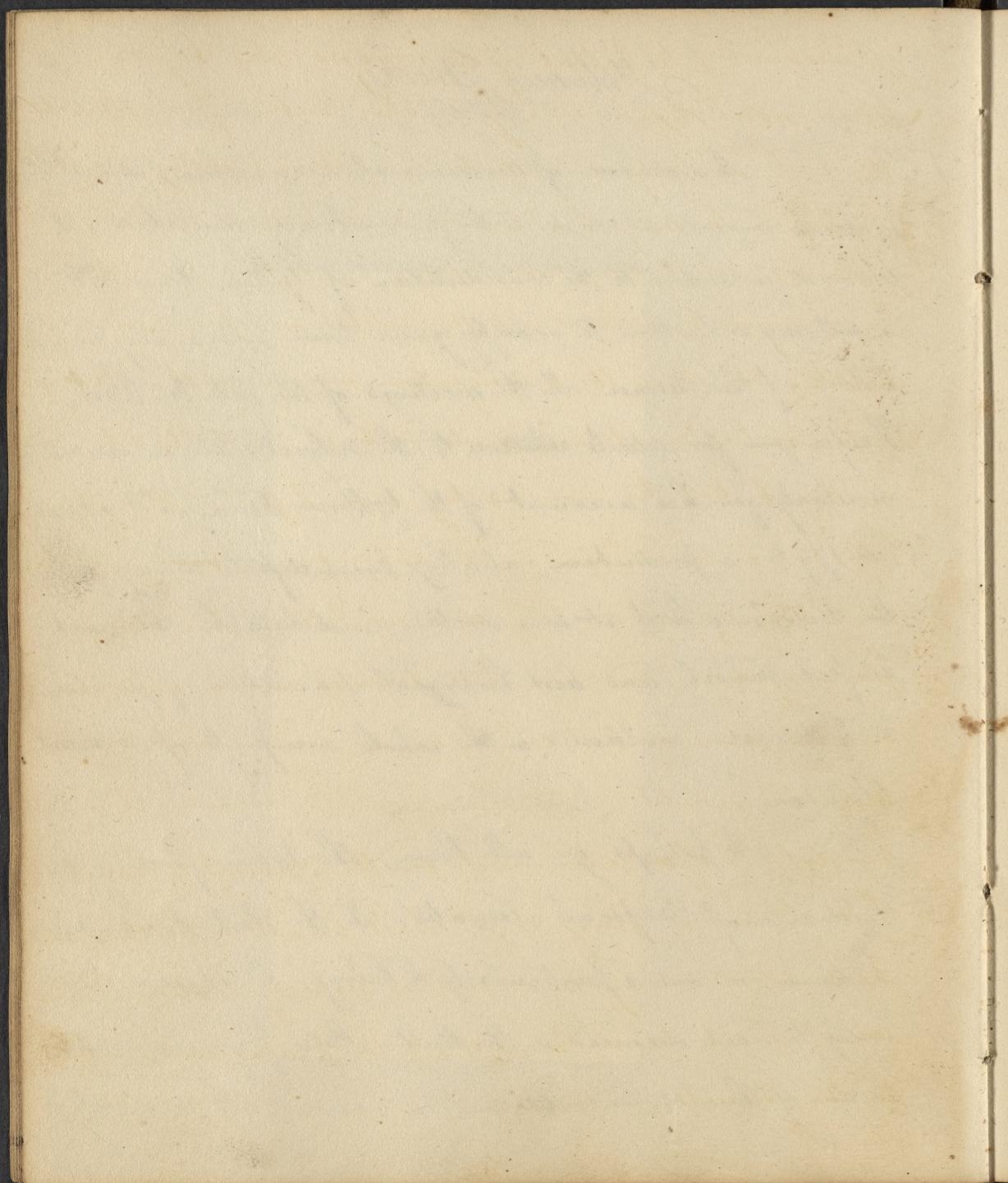
but when remittent, ^{and} very intermittent.
It is to this that we have been the most successful in its cure: the attempt to cure it well always fails but in the century previous the confection by Roger Casper
was a ill &

[Signature]

~~Yellow Fever.~~
~~Symptomes~~

~~I 2.~~ As a disease of autumnal occurrence, and allied, in some respects at least, to the fever already described, I proceed in order to the consideration of Yellow Fever. It is not my intention to occupy your time with a very minute history of this disease. To the writings of the late Dr. Rush I refer you for details relative to the subject, and more particularly for his account of the Yellow Fever as it appeared in 1793; a production, abating some defects arising from the times in which it was written, indubitably the most perfect model, and best historical narrative of pestilential disease, contained in the whole compass of medical literature.

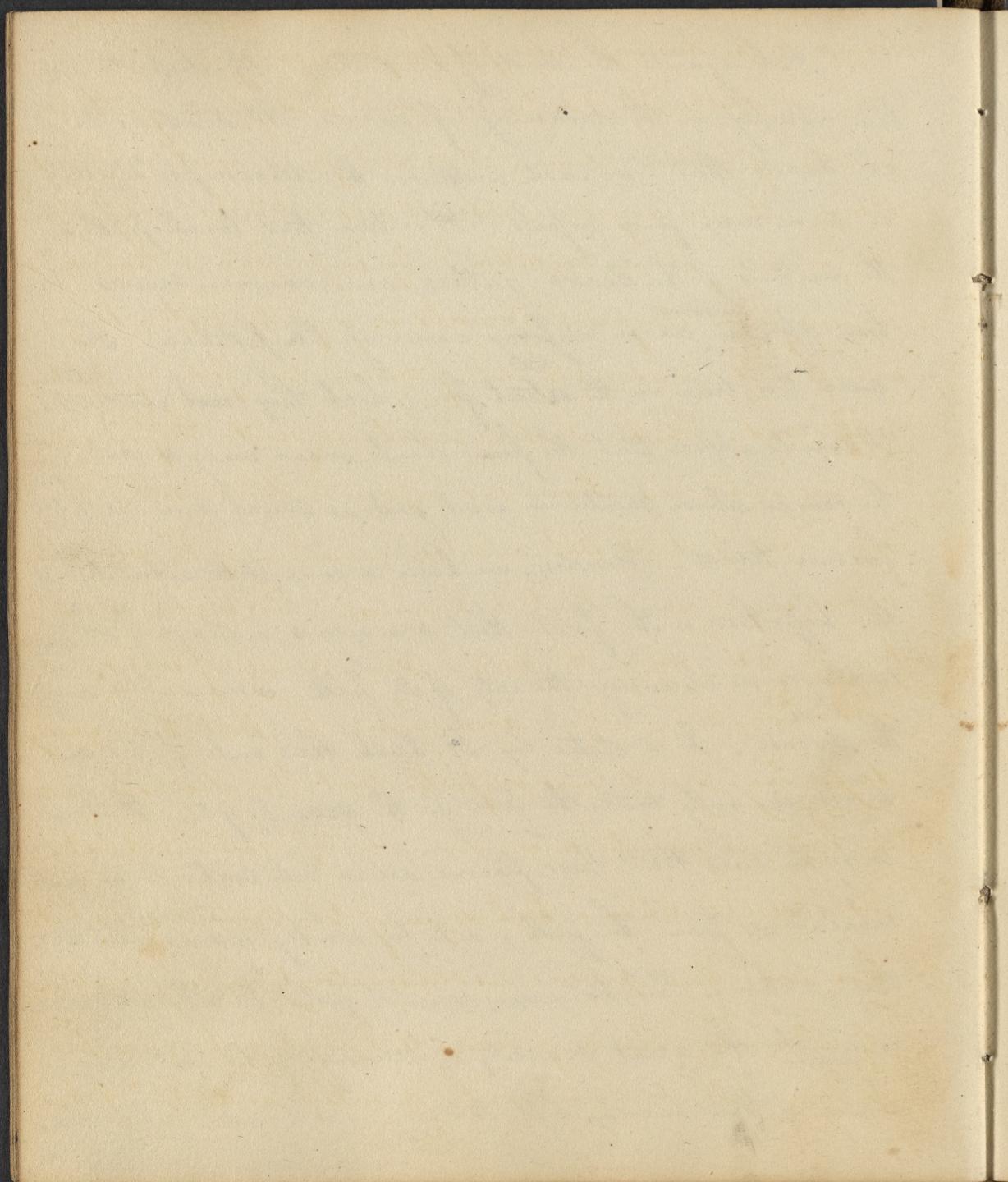
X As, perhaps, you all know, the Yellow Fever is an endemic of Tropical climates. To the West-India-Islands, however, it seems particularly to belong. It appears occasionally to have occurred in the United States from the earliest period of their settlement; but it was not till the year 93,



on account of the extent of its ravages, and the panic
terror which it universally creates, that it first attracts
medical curiosity and attention. Notwithstanding all the
writers on the subject, and the ardent and continued
inquiries which have been made, hardly one solitary
point connected with it is better settled, or less a matter of
dispute, than when the investigation commenced. Its origin,
~~X~~ nature & treatment are points still in pendente lite, and
as much disputed now as they were before. - The alterca-
tions which took place on the subject are ~~now~~ entombed
with those by whom they were conducted. It is very far
from my design to revive these disputes, which were carried
on with none of that complaisance, which should charac-
terize all scientific discussions. Still, however, it is
my duty to afford information on the subject; though
I know that in giving it, I shall be able to temper my
animadversions by the sincere & respectful attachment
which I entertained towards all the parties ~~so~~ involved
in the dispute controversy. -

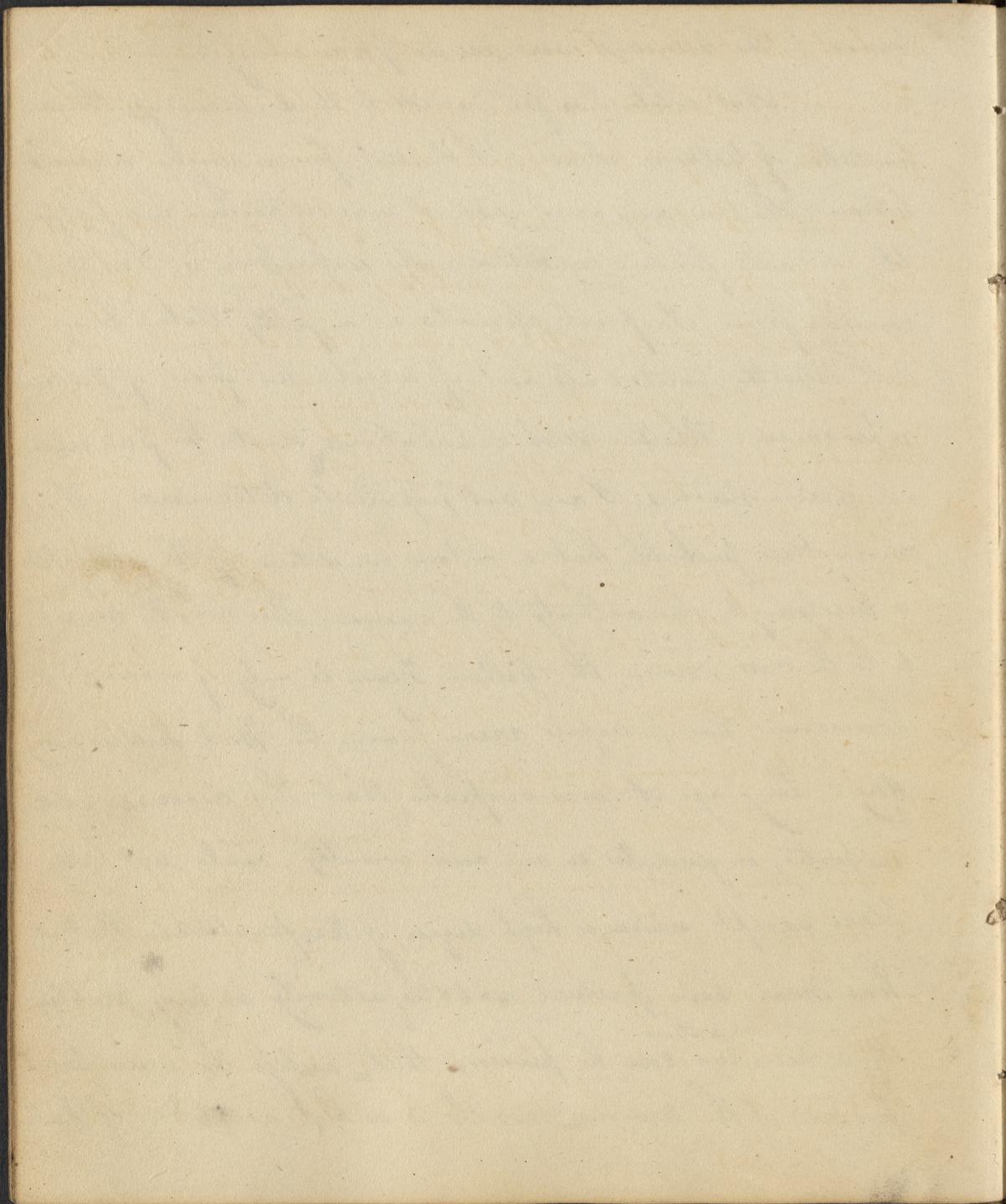
* in Prof. alienatus march missation

* As regards the mode of production, the dispute has been chiefly on the meaning of words. It is admitted on all hands that in each instance the disease proceeded in some way from vessels. - It is true that local filth, as the contents of the docks, gutters, and common sewers, have been ^{by some} ascribed as an ~~accessory~~ cause of this pestilence. But were this true in the extent for which they ~~are~~ contend, it would appear that the fever should occur every season; for the sources above mentioned exist just as much now as at former times. Besides, we have a complete refutation of the hypothesis in the fact, that scavengers, a class of men employed in cleansing the city of its filth, invariably escape the disease. It is stated by Dr. Rush that out of 50 scavengers, one only took the fever in the year 1798. But it may be said that these persons are so habituated to the ~~filthy~~ exhalations from the filth, as to be wholly insensible to their action. This, however, cannot justly be allowed; because, owing to the great scarcity of scavengers at that time, many of them having left the city, individuals unaccus-



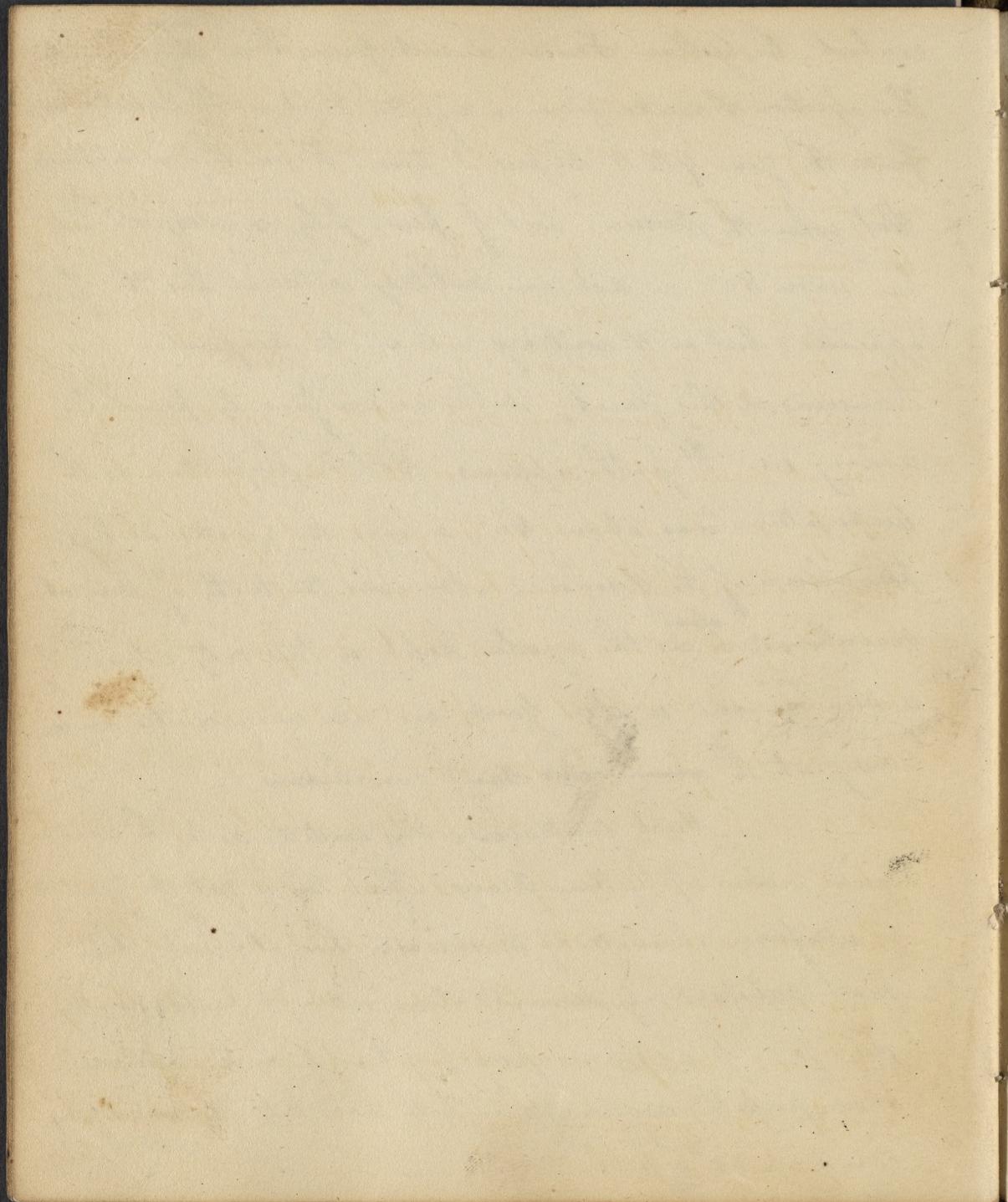
turned to the business were pro tempore engaged.

But while I do far concede to the doctrine of the importation of Yellow Fever, I do not for a single moment believe, that in any one case, it was introduced in a palpable, or well-formed condition. My impression is, that ships coming from Tropical climates in a filthy state, bring ~~X~~ with them the materials out of which this form of pestilence is produced. Whether such exhalations excite the fever under all circumstances, I am not prepared to determine. It is more than probable that a certain condition of the atmosphere is necessary to give activity to the cause. This would seem to be the case; since the Yellow Fever is only of occasional occurrence, though reports arrive from the West Indies every day. Long ago it was suspected that this disease, whether imported, or generated in our own country, could not take place except under a high degree of temperature. But it has now been proved as satisfactorily as any problem of a similar ^{nature} can be proved, that ~~=~~ unless the mean temperature of the summer months is as high as ~~80°~~ 80° of Fahr.



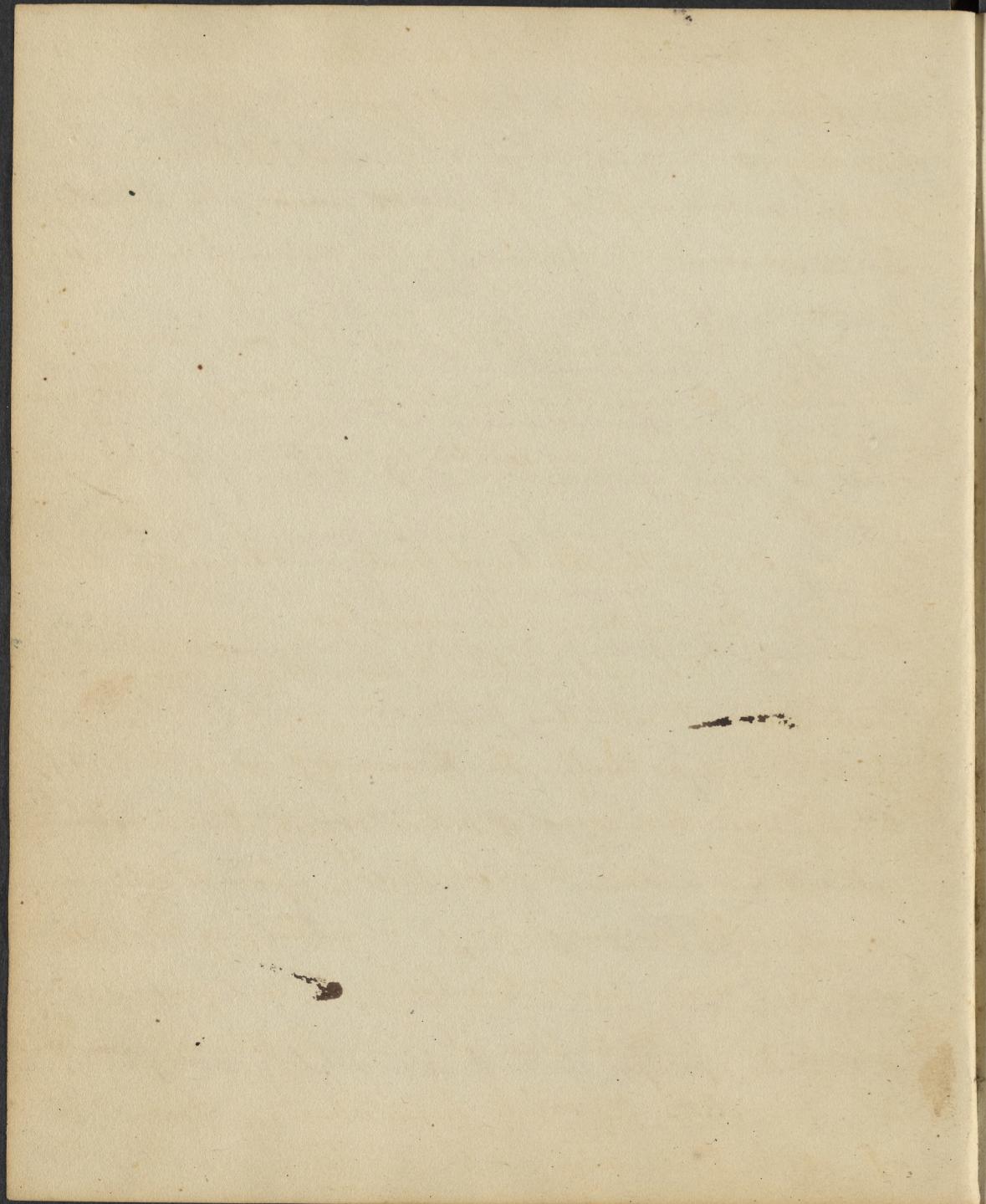
reality, the Yellow Fever cannot prevail in ~~the~~^{such} climate. This assertion I make from a register kept in Philadelphia from the year 93 to the present time. From this it appears that when the mean heat of June, July, & August, has been under 80° ; in not one solitary instance has the fever appeared: but on the contrary whenever the temperature has transcended this point, it has as uniformly prevailed among us. It further appears, that in proportion as the temperature was above 80° , so was the greater or less prevalence of the disease. Nor does the truth of these observations rest ~~alone~~ on the register kept in this city alone: by a similar one in New York, we are warranted in arriving at the ~~above~~ ~~same~~ conclusions.

Much controversy has existed as to the contagious nature of Yellow Fever. That this is not the general & uniform character of the disease, has, I think, been most satisfactorily demonstrated. Not to protract the discussion to an unnecessary length, I shall endeavor to compress the arguments on both sides into as small a compass as possible.



1st. It has been said that it cannot be contagious, because it is of the nature of an epidemic, and therefore depends on more general causes. It has been alledged by the advocates for this opinion, that the disorders immediately preceding the Yellow Fever, the Yellow Fever, from one end of the Union to the other, assumed more or less of the inflammatory type of that disease.

2nd. It is moreover said not to be contagious, because it never spreads beyond the sphere of the city infected by it. In support of this point, facts strong and almost irresistible have been adduced. It appears, that during the prevalence of the Yellow Fever in this city, though several hundreds of people were received into the Hospital and for the purpose, and were crowded together into a small & comparatively ill ventilated apartment, yet not one instance of the extension of the disease occurred. The physicians and other medical attendants, and the nurses who were constantly among the sick, the dying, & the dead, escaped without one solitary exception; we thought dissections were carried on to an almost incredible extent.

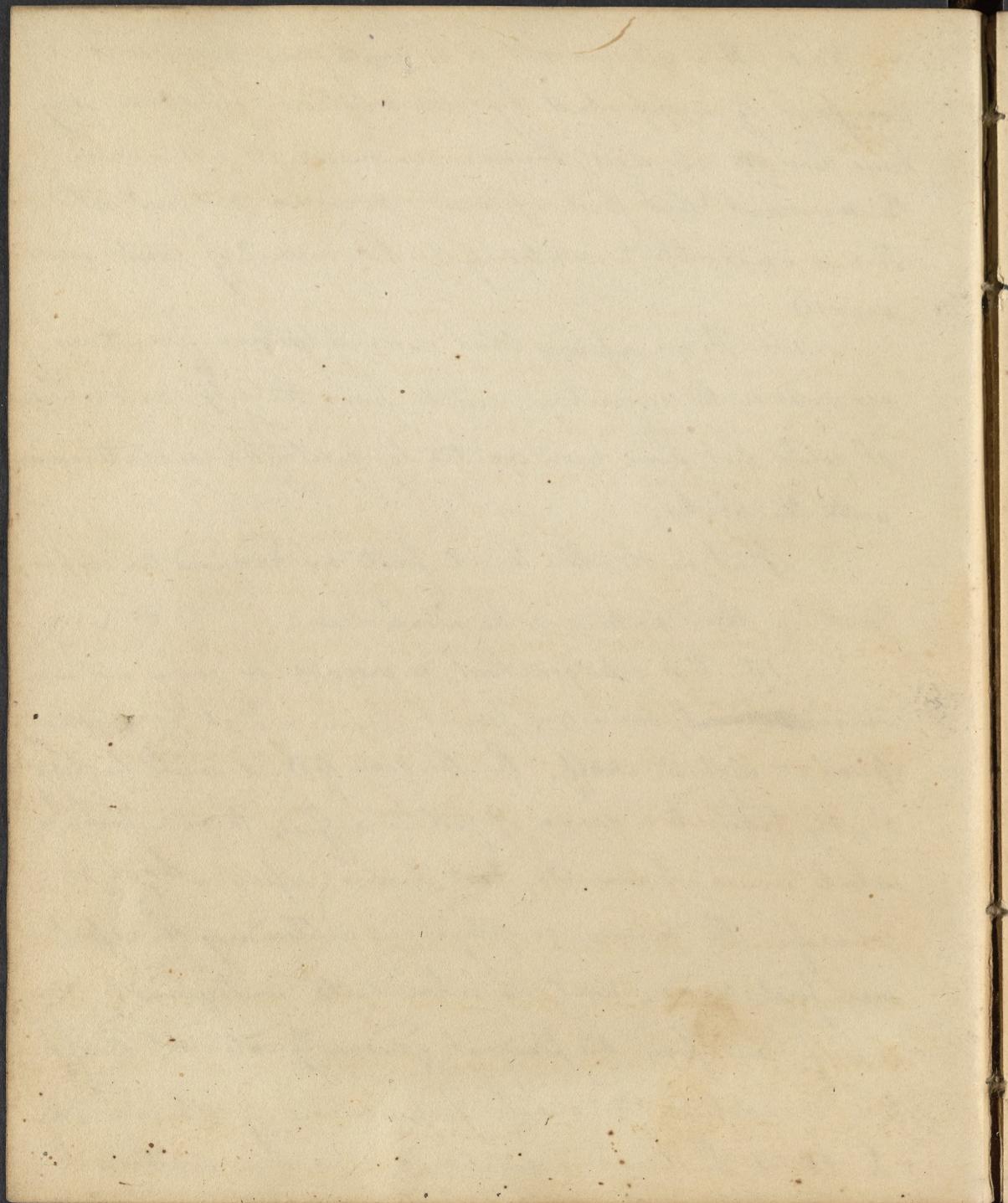


3rd. It is alleged not to be contagious, because it is uniformly suppressed by cold weather. Whatever may have been its savages, however universal its prevalence, the moment that frost appears, its career is terminated. This is undoubtedly contrary to the nature of contagious diseases.

4th. We are assured that cases of Yellow-fever have occurred in the country, remote from the city, and where it could not have been excited by contagion or intercourse with the sick.

But on the other hand facts are adduced too important in their nature to be overlooked.

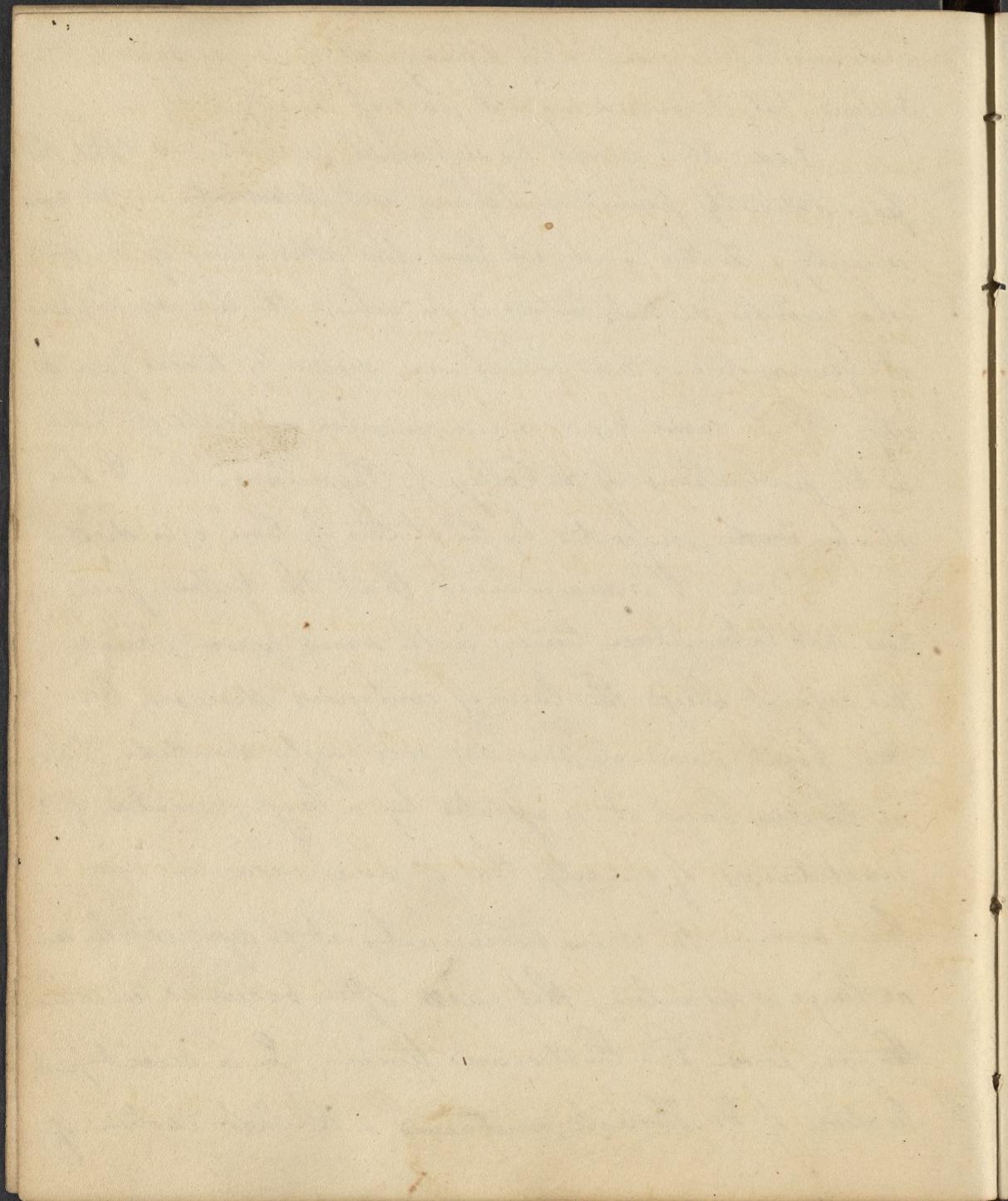
1st. It is alleged that the disease in every instance commenced at some one point, from which it gradually spreads & diffuses itself. In the year 93 it could be distinctly traced to a cargo of putrid coffee, thrown ^{out of} a vessel arrived from the West Indies, upon Arch St. wharf. The persons employed in unloading the vessel were first seized, next the inhabitants contiguous to the wharf; and from this place it gradually extended itself till it involved the whole population of Philadelphia. In 1805 the disease originated at a point in Southwark



and was traced gradually diffusing itself from square to square, till it covered a great part of the city.

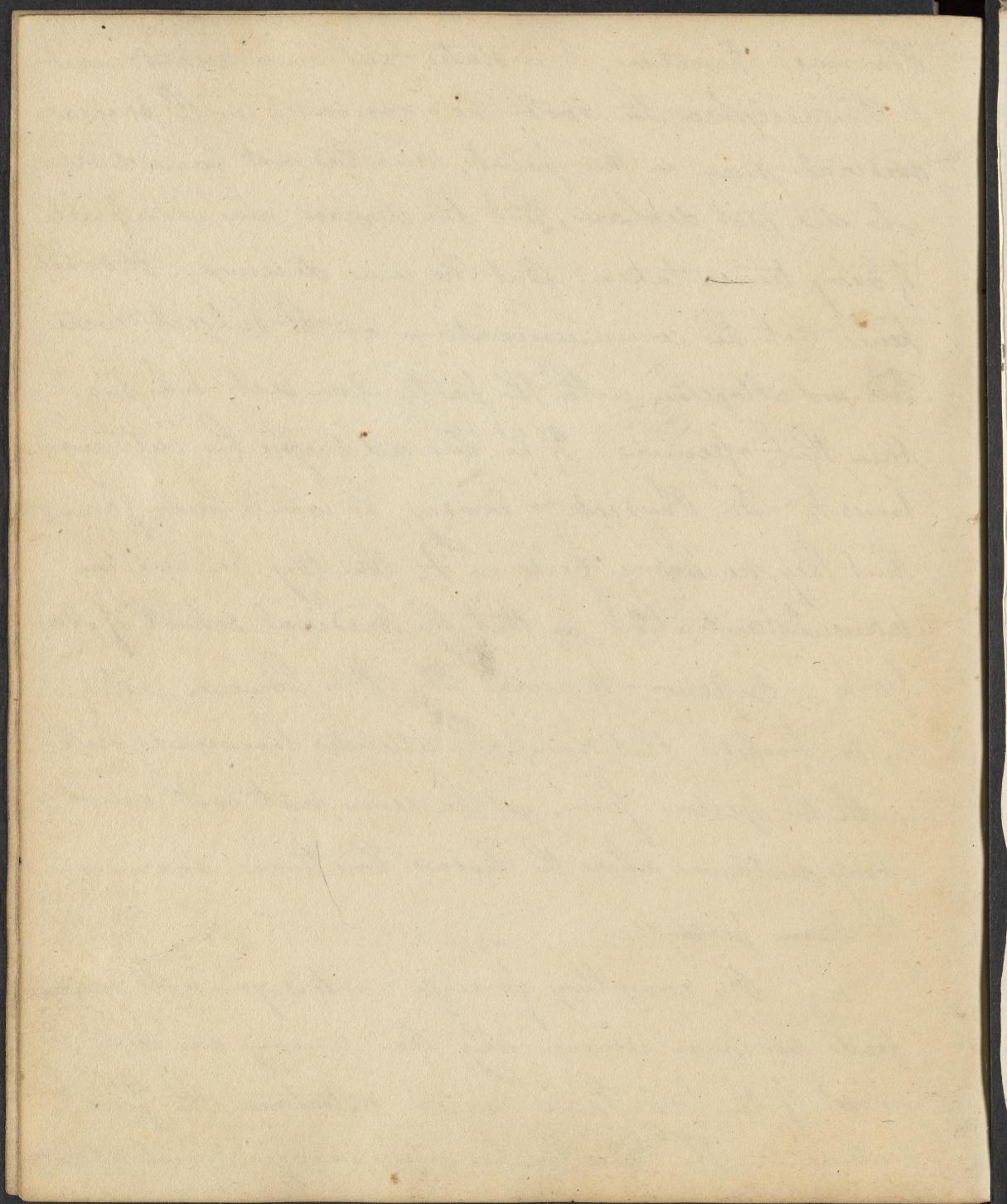
2nd. It is averred by respectable practitioners that the fever actually proved contagious ~~out of the city~~ in the ~~country~~ country. To this point we have the attestations of Dr. Distar, who recorded several instances in which the disease happened at Germantown, and which were distinctly traced from the city. Of the same kind are a number of facts detailed in the publications of the College of Physicians. — It has also been ~~been~~ imputed by the clothes of those who died.

3rd. It is maintained that the Yellow-fever does not take place twice in the same person, and in this respect obeys the law of contagious diseases. On this point medical men are exceedingly divided. While on the one hand it is asserted by a large number of the practitioners of our city, that it never occurred more than once in the same individual; it is rejected by ~~an~~ as large a number, that cases often occurred in which ~~the~~ one person had the disease twice. In a recent publication of Dr. Horack, contained in the last edition of



Thomas's practice, it is stated that on a recent visit to Philadelphia, the doctor had conversed with several medical men on this point, and had not found one who did not declare, that the disease was incapable of being twice taken. But he was deceived. It so happened that his communications on the subject were held ~~and~~ altogether with the particular set, who maintain that opinion. If he had addressed his interrogatories to Dr. Physick & Densley, he would have found that they no more believe it, than they believe in transubstantiation, or that the medical school of New-York is superior to ours. It is, however, alledged by Dr. Griffiths, that though he attended thousands sick with the yellow-fever, yet he never met with one solitary instance where the disease had twice occurred in the same persons. -

By consulting foreign writers you will scarcely find no more unanimity than among our own. Most of the West-India writers entertain the first sentiment. The question has lately engaged much attention.



Yellow fever

Symptoms - languor. weakness - usual precursors of fever - chilliness - pain in head, back & limbs - ^{swelling tongue, throat} heat of skin & increased freq. of pulse - countenance - eyes - strength how affected - stomach ^{sometimes} generally irritable sometimes not - believes vomiting - stools dark green & exceedingly unnatural - 1st stage - here lasts generally 3 days - but duration varies from 2 to 4 hours to this time - continued fever for this time -

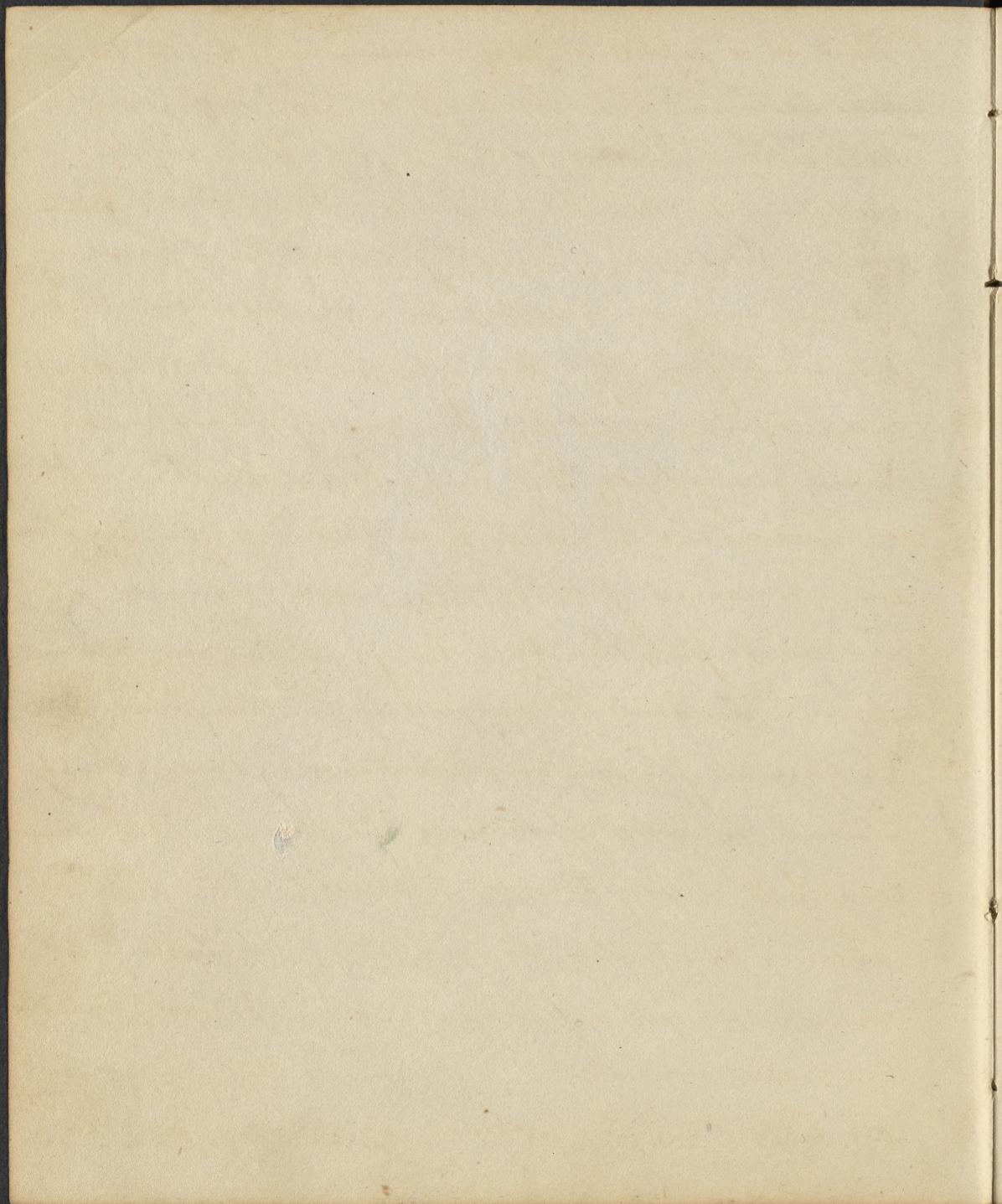
Later end of this stage irritability of stomach increases - everything swallowed rejected - tenderness on pressure in epigastrium - patient becomes more tranquil - skin cooler - pulse less frequent sometimes natural - patient sits up in bed & sometimes walks - says getting well - ^{eyes yellow} skin begins to become yellow

- soon patient begins to sink - pulse - vomiting becomes incessant - first lighted then dark coffee ground - dry black tongue with clammy sweats - feeble pulse dies - soon delirium - micturition tends - hemorrhage - &c &c. death

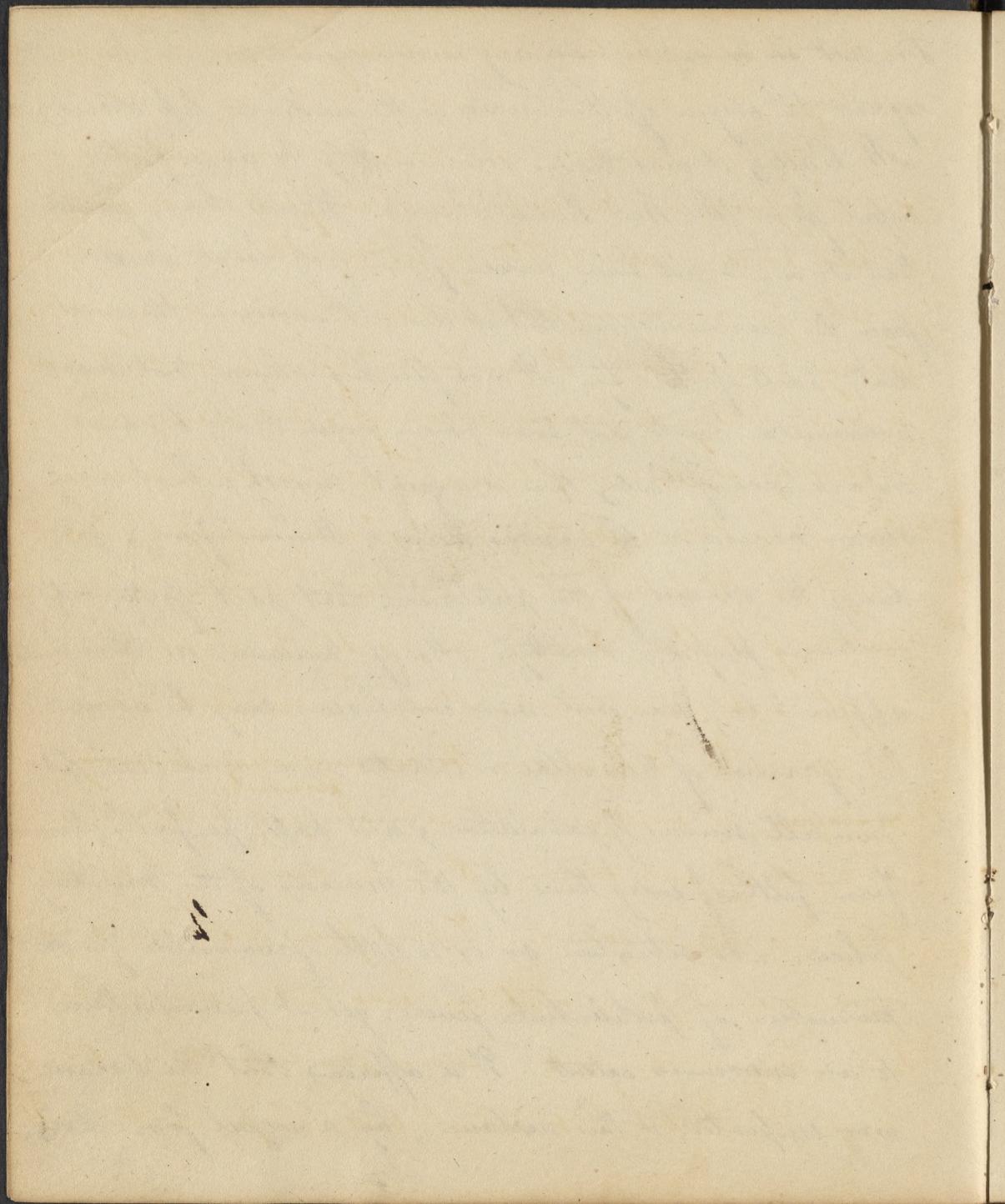
- sometimes & course very rapid -
24 or 48 hours — walking cases —
pulse gone — pulse long

Diff. from Bilious fever - Spec
1 Specific treatment necessary - not by that which
produces bil. fever a 2. yellow fever a counterpart
fever - diff. in symptoms 3. y. fever starts o
therwise in stomach - Bilious the' gastric origin
diarrhoea on liver - 4. Convalescence from y. fever
rapid & complete 5. y. fever destroys or dimin-
ishes susceptibility to future attacks. 6.
fever increases - 7. Not relieved by similar
modes of treatment - 7. Conclusion that one
in the city while the other in the country. Thus
in Charleston people seek refuge in city even
when y. fever prevails - against County fever
seasoned against y. fever - but not so a
gainst Bilious. — 8. If identical with
y. fever should be like severe bilious —
but not.

The British Government, in consequence of the occurrence of the Yellow Fever in various parts of Europe, particularly in the Mediterranean their ports in the Mediterranean, instituted inquiries relative to this point, on a scale of great extent. In the first place they constituted 2 boards of Medical men, who were to collect all the evidence the subject admitted of. After a full examination of witnesses & of documentary evidence, the college of Physicians in London, as well as the Medical board reported as the consequences of a deliberate & extensive inquiry, the following conclusions: 1st. That the disease is eminently contagious; 2nd. That it cannot be taken more than once. ~~In~~ In support of the last point, facts were adduced of a very conclusive description. Among others it was stated, on the authority of almost all the medical men, that of the regiment which had previously served in the West Indies, the soldiers who had been affected with the yellow fever, were not, in a single instance, reattached. This fact was so well ascertained, that ~~these~~ these soldiers were employed as nurses of the sick, and

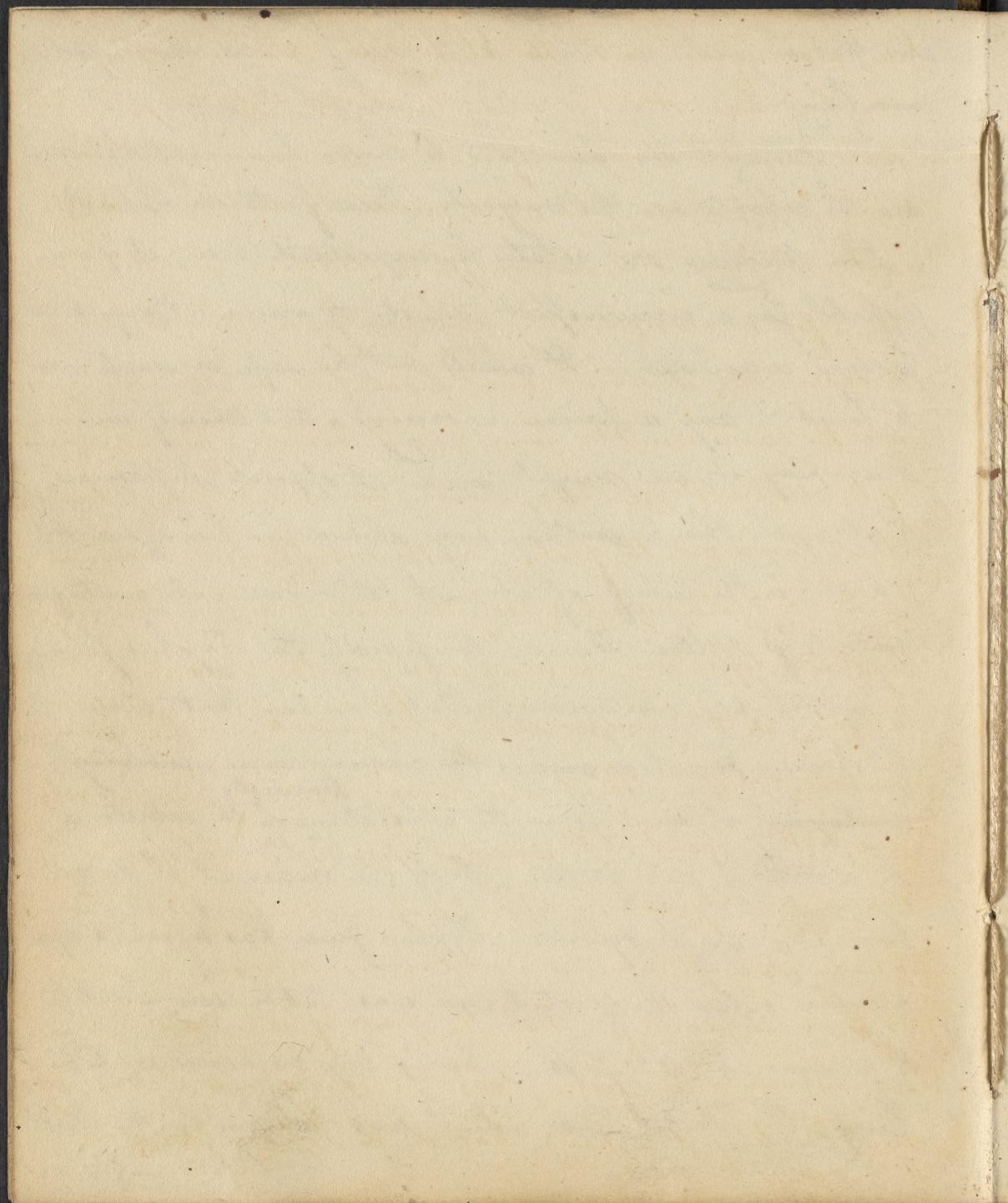


did not ~~in~~ experience any inconvenience. - Nor as regards the origin of the disease is the evidence less direct. At Cadiz it was traced immediately to an infected vessel from the Port India islands. It was shown ~~further~~
that it could not have arisen from any local cause, from the circumstance that it did not occur in the most dirty parts of the city. It was further shown that marsh ~~nuarmata~~ could not have given origin to it; because on one side of Cadiz there is a great marsh which every season occasions the various kinds of Bilious fever; yet during the ravages of this pestilence that part of the city continued perfectly healthy. Strong, however, as these facts appear to be, one still more conclusive may be adduced. The garrison of Gibraltar is situated on a Rock, exempt from all sources of exhalation, and kept perfectly clean from filth of every kind by the severity of the military police. No situation ~~is~~ is so little favourable for the production of pestilential fever: yet it prevailed there to an enormous extent. It is affirmed that the disease was imported, in this instance, by a vessel from Cadiz;



and that it could be traced to the wharf where the vessel
was lying.

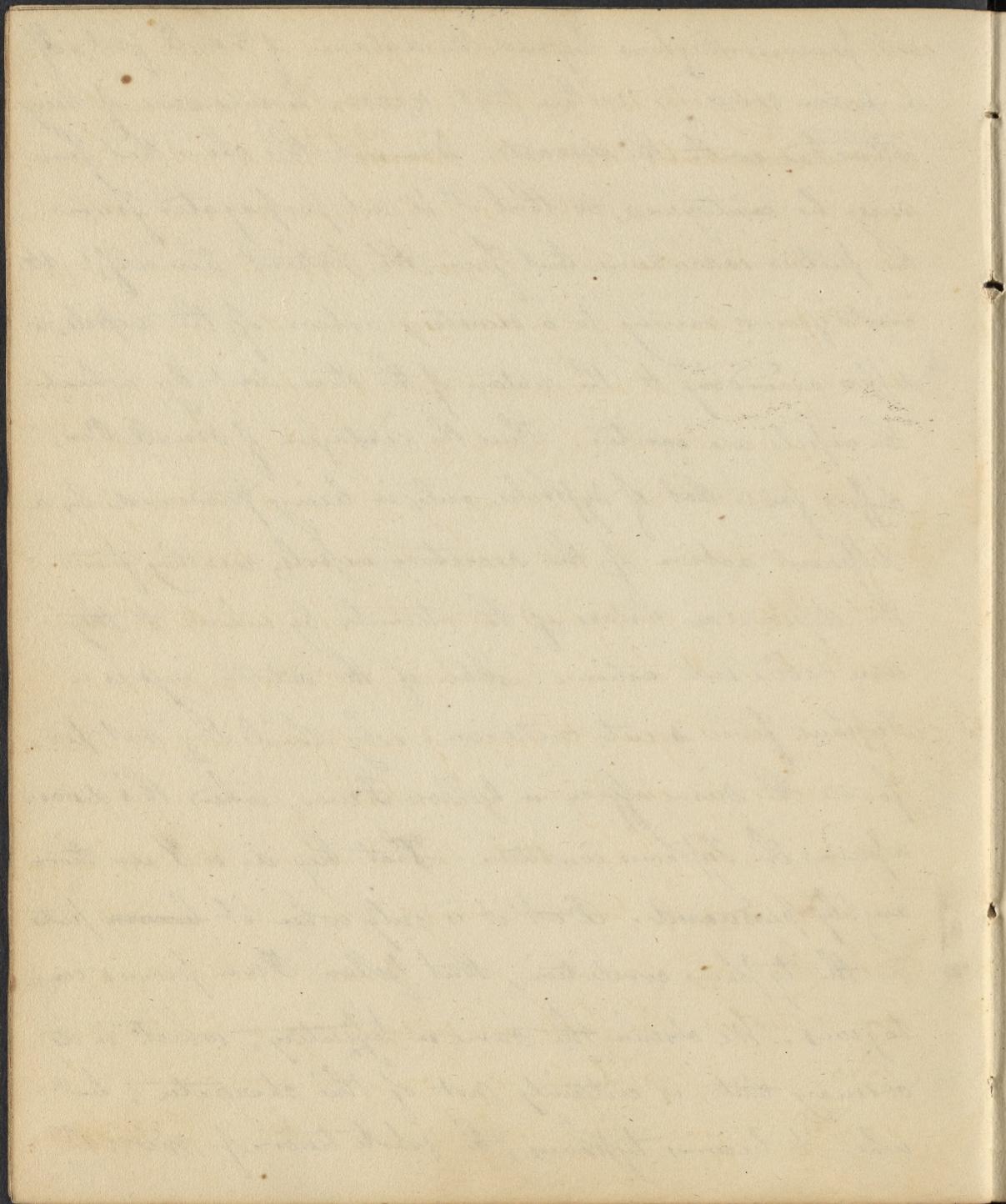
Enough has been said to show how contradictory
are the reports on this subject. When facts so opposite
in their tendency are related by respectable men, it is im-
possible for a circumspect mind, to arrive at any satis-
factory conclusion. It would not be safe in such cases
to trust to any a-priori reasoning, and even if we were
to employ it, we might arrive at opposite inferences.
But really there is nothing very absurd, or repugnant to
reason, in the belief of at least the occasional contagious
nature of Yellow Fever. Confessedly the Typhus fever
is often highly contagious. But it is said that when
this proves ~~so~~, it is owing the circumstances ^{produced by} ~~is owing~~
~~contagious~~, it arises from the exhalations ^{of} the excretions,
in a state of putrefaction. Of this statement I do not
believe a single syllable. Typhus fever has again & again
occurred when the greatest care was taken immediately
to remove all the filth. During my residence in Edin-
burgh, the British fleet which was cruising in the North



Sea, was infected with the Ship Fever. The sailors who
had been attacked were landed at Edinburgh, or taken
to the Hospital of that city. More than one half of the
Medical students who attended on the sick, were seized
with the fever, and many of them died. Besides, were
the disease occasioned by effluvia from the secretions,
& excretions, it should be as diversified in its nature, as
are the causes from which it arose; and each one
of the different excretions, should produce a different disorder.
But this is not the fact. All the cases which occurred
in the Hospital were precisely the same, or marked only
by such differences, as may arise from the violence of the
attack, & the idiosyncrasies of the patients, or their pecu-
liar constitution. What also do experiments prove to rela-
tive to this point? It has been most satisfactorily
shown by Hazzard, & other European writers that Typhus
fever is almost always a contagious disease, as much
as small pox itself. But the sphere of action does not ex-
tend beyond a few feet. From the experiments of Dr. Grego-
ry of Edinburgh it appears, that it is the Typhus fever does

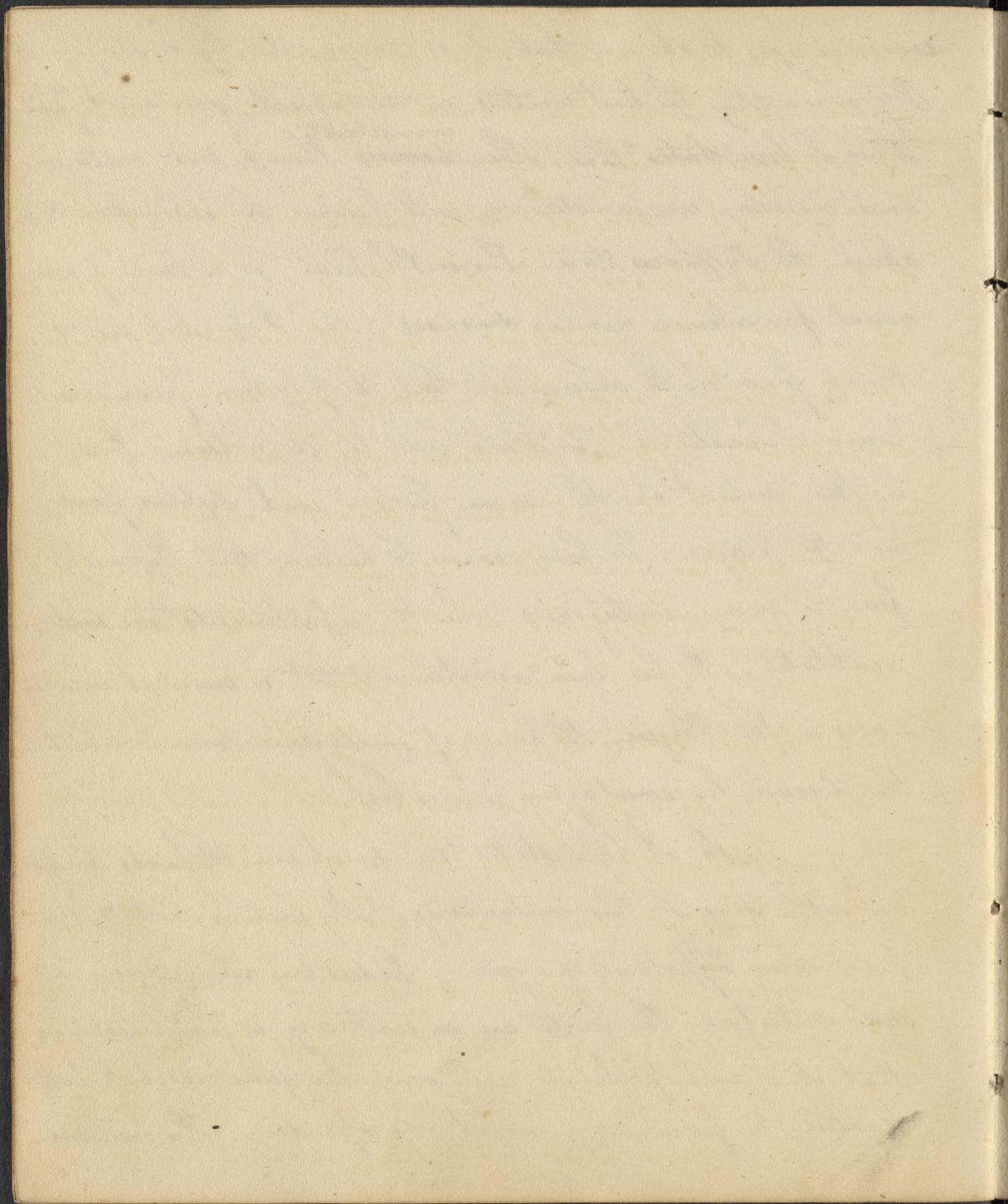
139

not prove contagious beyond the distance of 5 or 6 feet. If a person remained within that space, he was sure of being attacked with the disease. Does not this show that Fever may be contagious, & that it is not propagated from the putrid excretions, but from the patient himself? All contagion is owing to a secretory action of the vessels, & differs according to the nature of the stimulant by which the vessels are excited. Thus the contagion of Small Pox, differs from that of syphilis, only in being produced by a different action of the secretory vessels, resulting from the dissimilar nature of the stimuli by which they were called into action. Now if the extreme vessels in Typhus Fever secrete contagion, why should they not perform the same office in Yellow Fever, when this disease assumes the typhous condition. That they do so I am thoroughly persuaded. But it is only when it ~~becomes~~ puts on the typhous condition, that Yellow Fever proves contagious. We observe the same in ~~typhus~~, which in its ordinary state, is certainly not of this character; but when it becomes typhous, the whole tenor of medical



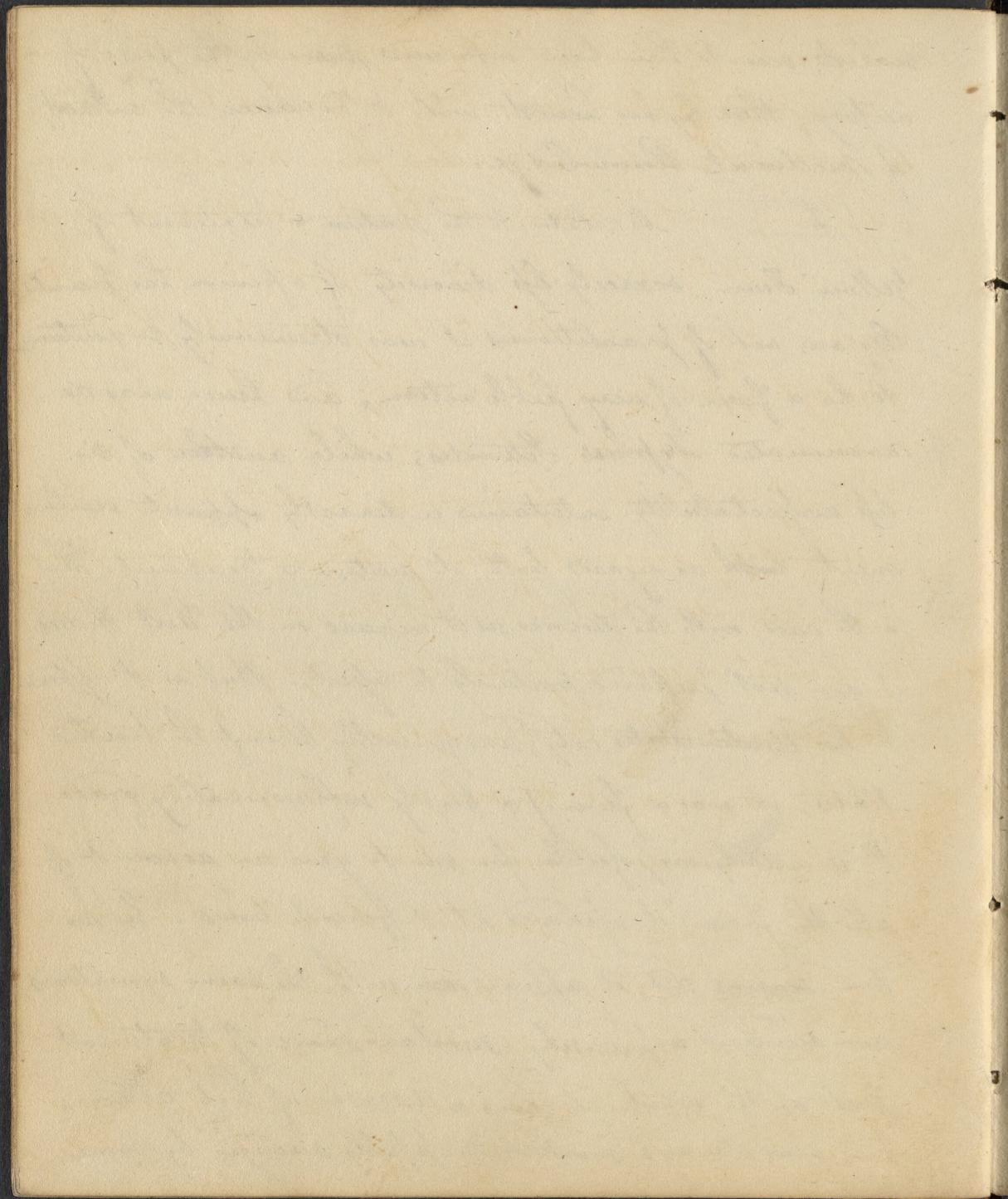
evidence goes to show, that it is propagated by contagion. By consulting the best writers on the subject, you will find it as I have stated that other ~~diseases~~^{complaints} though not contagious under ordinary circumstances, will become so whenever they assume the Typhous state. This, I believe, is a law of universal prevalence among diseases. — I do not see much force in the argument that the Yellow Fever is not communicated in Hospitals, and by inspection. It is, in this respect, on the same footing with Typhus fever, and the plague. We have reason to believe that Typhus fever is never contagious when the apartments are well ventilated. It has been ascertained, that as soon as viability ceases in the Plague, the power of contagion communicating the disease by contagion is also lost.

As I have stated there such are the facts arrayed on either side of this controversy. My wish is not to impose any hypothesis on you. Indeed my own mind is not satisfied. The facts are so contrary in their tendency, that it is impossible for any one who gives credit to both parties, to form any conclusion opinion. The controver-



scialists seem to have been influenced more by the pride of victory, than by an honest wish to advance the interest of Medical Knowledge.

[L.] As relates to the nature & treatment of Yellow Fever, scarcely less diversity of opinion has prevailed. By one set of practitioners it was strenuously maintained to be a fever of very feeble action, and hence was denominat^ded Typhus Pectoralis; while another of no less respectability entertain a directly opposite sentiment both as regards both its nature & treatment. What is the case with the disease as it occurs in the West Indies I am not prepared positively to assert. But as it appears in this United States city, and generally through the United States, it was a fever of a highly inflammatory grade. It is utterly impossible for me to give an account of all the forms it assumed at different times. In no two seasons did it appear ~~an~~ with the same symptoms, nor demand a precisely similar mode of treatment. But on the whole it was a disease of high action, and was always most successfully managed by some

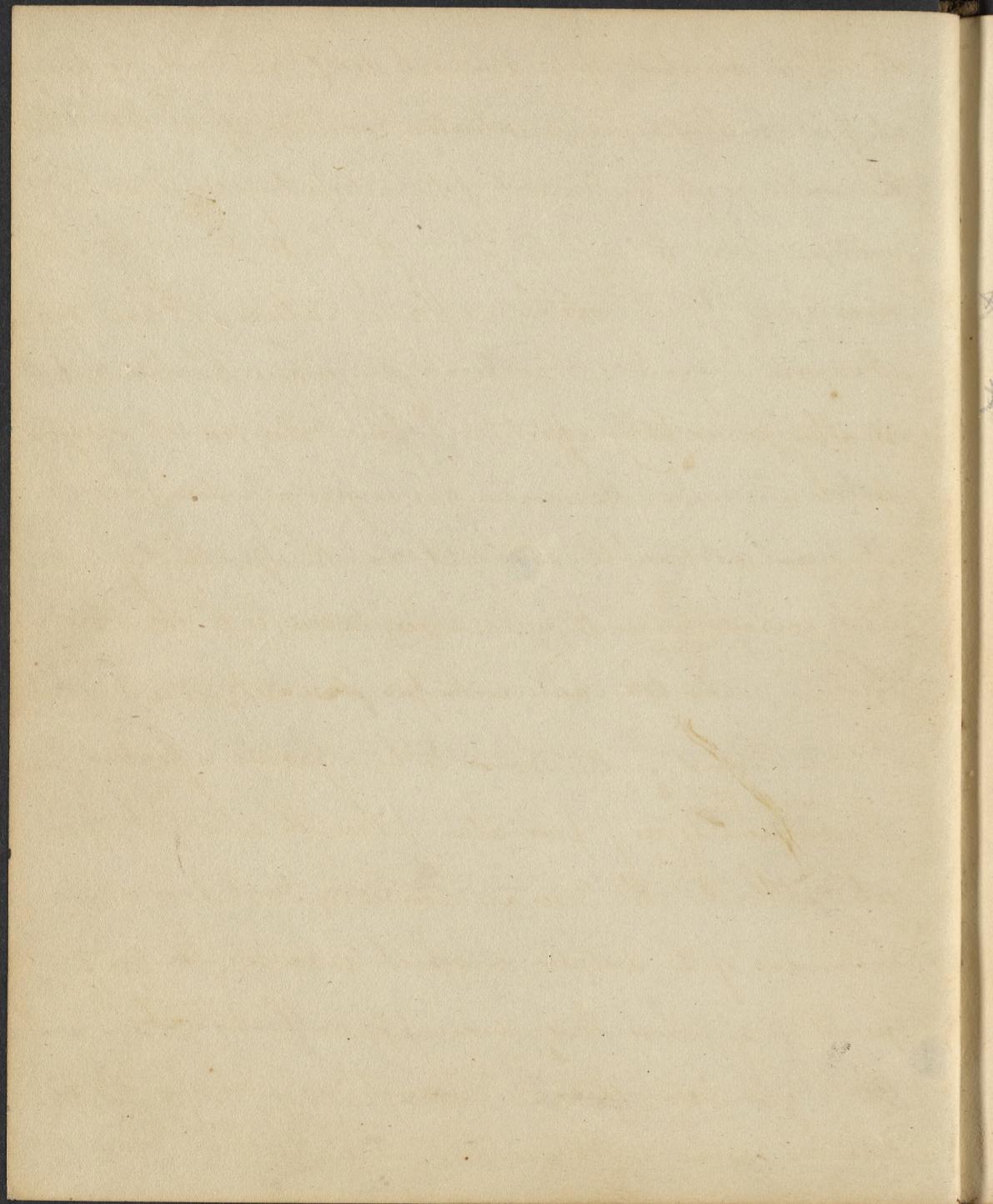


modification of the directly depleting remedies. The opinion of its Typhous nature derived from the West Indies, and the treatment which was deduced from this opinion, were not of long continuance. To the late Dr. Rush the credit is indisputably due of having dispelled the error of physicians on this subject. But the theory which he adopted does not appear to me to be entirely correct. Perhaps it is known to you all, that throughout his whole life, he zealously & industriously maintained, that Yellow Fever was a highly aggravated form of the native Bilious Fever of our climate. That this is not true was early shown by the total dissimilarity between the symptoms of the two diseases. The Hepatic system, to use his own epi-
thetick language, is the seat & throne of all our annual diseases; & these are truly Bilious affections. As this is universally admitted, I shall not occupy your time by adducing facts, or joining a chain of reasoning to demonstrate it. But as regards the Epidemic now under consideration, directly the reverse is

L true.

x

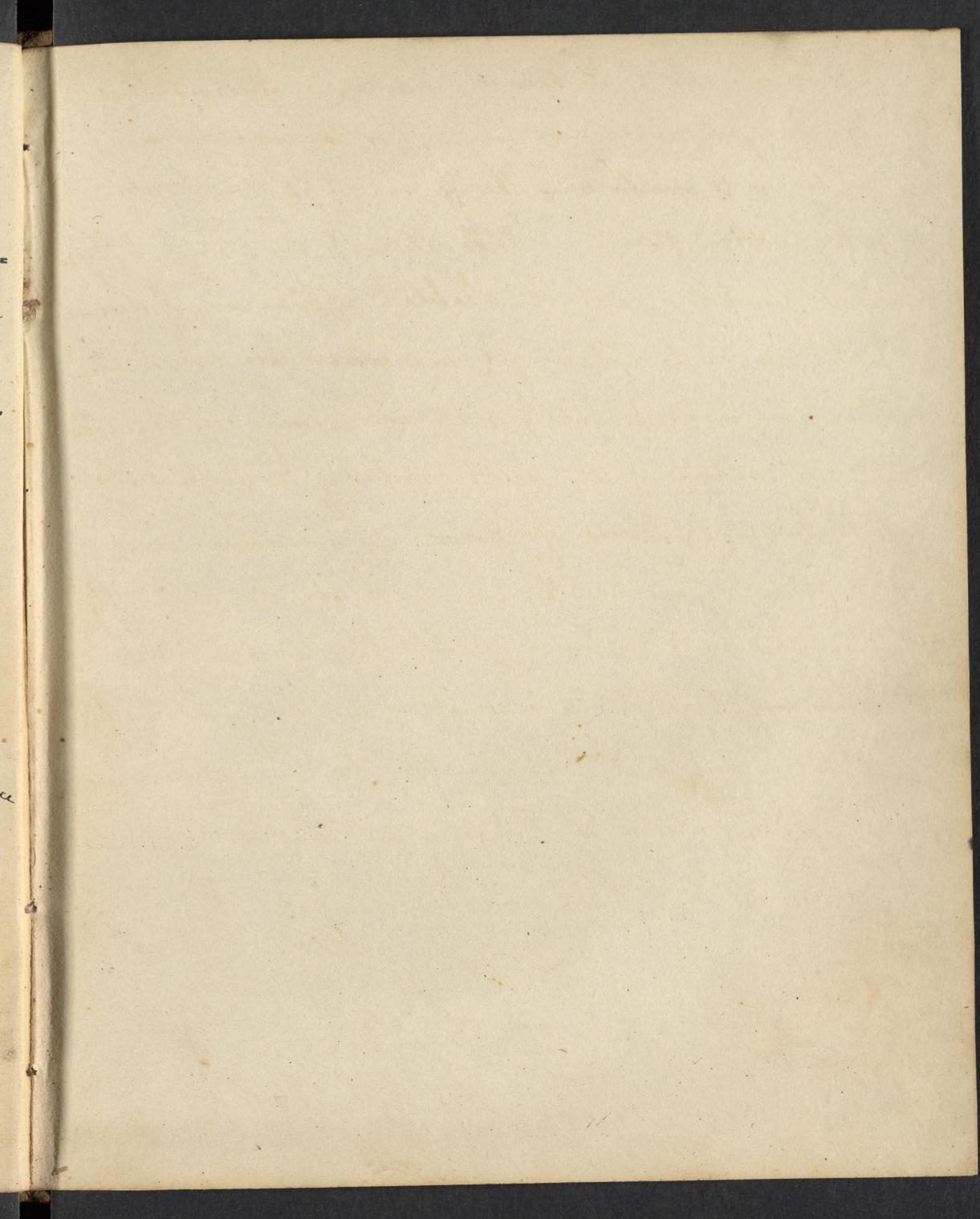
There is no one symptom of bilious accumulation, or decayment in the hepatic apparatus, incident to Yellow Fever. On the contrary, all the indications of that disease point distinctly & manifestly to the stomach, as ~~it~~ primarily, & mainly affected. What was at first only suspected, came afterwards to be demonstrated. Dissections carried to a great extent, showed it beyond the possibility of cavil or dispute. These were conducted principally by Dr. Physick, who was at that time physician to the Yellow Fever Hospital; & from his reports it appears, that the mortid phenomena were exclusively confined to the stomach. There inflammation was detected in all its various stages, from the simple effusion or black, to sphacelus & absolute mortification. In some cases this appearance was extensive, in others it was slight, consisting merely of a few strokes or veins of inflammation about the Pylorus. ~~The~~ The black vomit, or the discharge thrown up in violent cases, ~~it~~ further showed to be

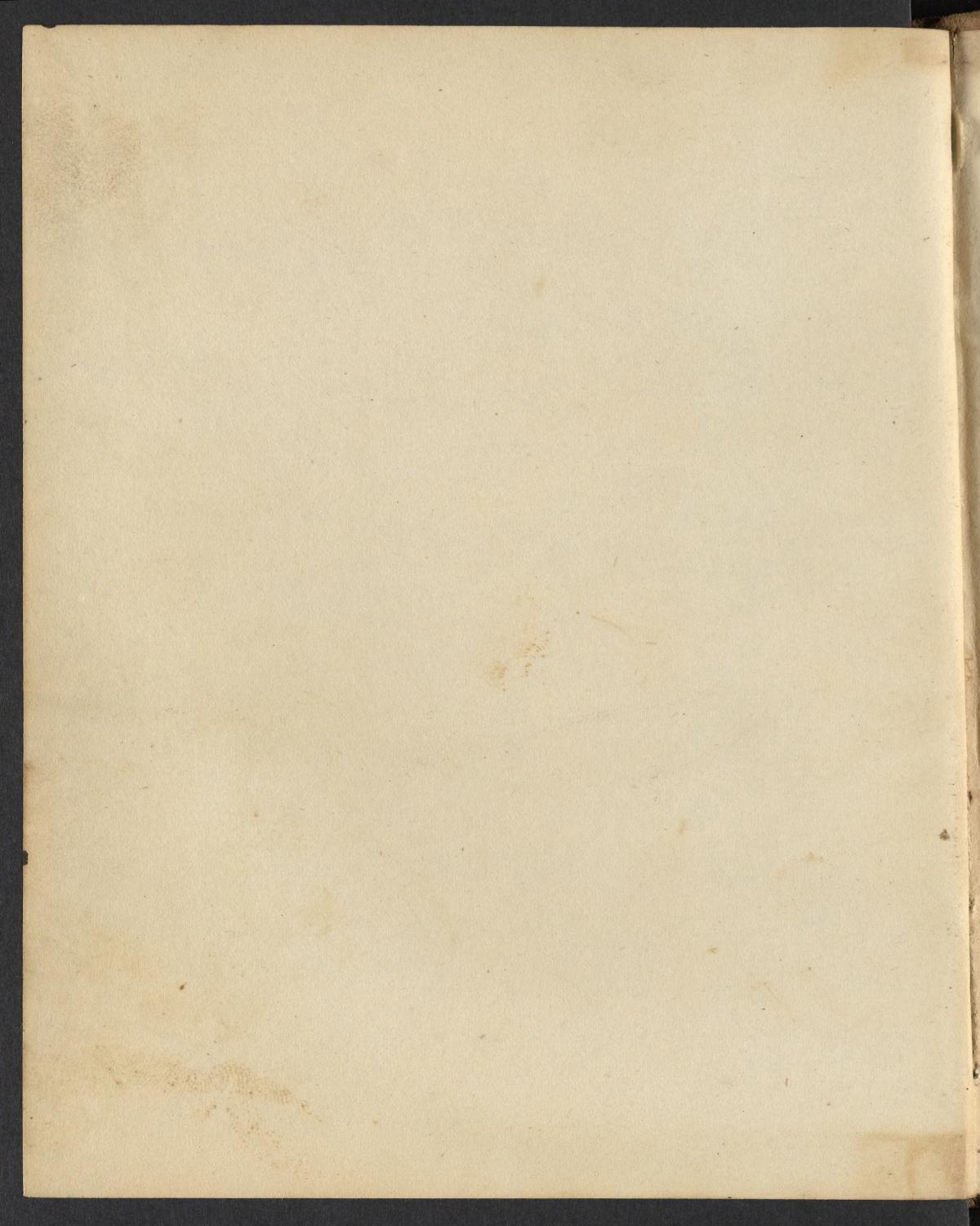


an altered secretion of the stomach itself, and not, as was at first maintained, a vitiated condition of the bile. That this is the case, independent of the satisfactory evidence he adduces, may be inferred from the fact that it is a concomitant of all gastric inflammation. I have seen it again & again in Puerperal Fever, where the stomach is often principally affected. I have also seen it in Hydrocephalus, in which the same viscera is generally disordered; & it is an inseparable attendant on the operation of various poisons when they have been taken into the stomach. I have more than once witnessed it in retrocedent gout.

Yellow Fever is further shown to be a gastric affection, from the unexampled degree of prostration of strength which is associated with it. Cases are recorded by Dr. Rush & other Historians of the disease, in which individuals not one function of whose body was apparently disturbed, suddenly fell down dead. Terminations of this kind are peculiar to Gastric inflammation. This affection alone of

all the diseases of the Human Frame, is observed thus
insidiously to undermine the props of ~~the~~ constitution vi-
tality, & to overthrow the fabric of the constitution
into sudden ruin. — To return to the history of Phys-
ick's dissections, not the slightest appearance of disease
in the liver & its appendages was ~~ever~~ discernable.
These continued perfectly natural in every respect, with
all the contents of the great cavities of the body. — As
to the brain, no traces of disease were discovered except—
in a few cases, and here they were so slight, and apparently
incidental, as not to claim any attention. Considering the
accuracy of the preceding account, (& we have no reason to
doubt it,) we must conclude that there is a great difference
between the indigenous Bolivian fever, and the pestilential
disease which we are now considering.





he presented the papers to him with this address.

You will perceive that pleasure is but a passing

had involved himself in difficulties, before this fire happened; and his estate lying in houses, that event completely ruined him. Amidst the cries of misery and want which excited Joseph's own passion, this man's unfortunate situation claimed particular notice. The generous, the open temper of the sufferer, the obligations that Joseph had to his family, were special and powerful motives for acting towards him the part of a friend.

Joseph had his bond for sixty pounds sterling. "Unfortunate man!" said he, "this debt shall never come against thee. I sincerely wish thou couldst settle all thy other affairs as easily! But how am I sure that I shall keep in this mind? May not the love of gain, especially when, by length of time, thy misfortune shall become familiar to me, return with too strong a current, and bear down my fellow-feeling before it?"

"But for this I have a remedy. Never shalt thou apply for the assistance of any friend against my advice. He arose, ordered a large account that the

with-ham, he drawn out; and in a whimsical manner,

have cast up a smile on the face of charity. At this

nip, and again twisted the bow, and lighted

his candle. While the account was drawing out

he ceased smoking in a state of m-

arch. The curve. When it was finished, he went in

to his friend, with the discharged account, and

We destroy Pleasure by pursuing it too eagerly.

SECTION IV.

A BOY smitten with the colours of a butterfly, pursued it from flower to flower with indeatigable pains. First, he aimed to surprise it among the leaves of a rose; then to cover it with his hat, as it was feeding on a daisy. At one time, he hoped to secure it, as it revolved on a sprig of myrtle; and at another, grew sick of his prize, perceiving it to loiter on a bed of violets. But the field fly still eluded his attempts. At last, observing it half buried in a tuft of a tulip, he rushed forward, and snatched it with violence, crushed it to pieces. Thus, by in-

sist, he enjoyed, and lost the object of his pursuit.—I am